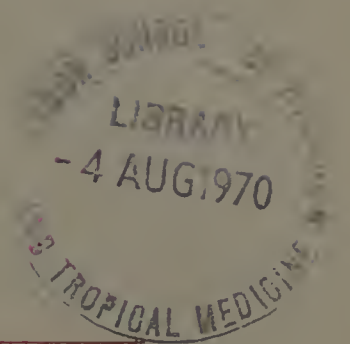


City and County Borough of



Canterbury

1968



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# ANNUAL REPORT

OF THE  
MEDICAL OFFICER OF HEALTH  
AND  
PRINCIPAL SCHOOL MEDICAL  
OFFICER

Including the Reports of the  
CHIEF PUBLIC HEALTH INSPECTOR,  
THE PRINCIPAL DENTAL OFFICER  
and the  
Medical Director of the Child Guidance Clinic  
for the year  
1968

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# **CITY OF CANTERBURY—1969**

*Mayor:*

COUNCILLOR H. J. BUCKWORTH

*Chairman - Health Committee:*

COUNCILLOR MRS. E. M. ROTHERMEL

*Chairman - Education Committee:*

ALDERMAN S. H. JENNINGS, O.B.E.

*Town Clerk and Welfare Officer:*

J. BOYLE, LL.B.

*Director of Education:*

N. POLMEAR, M.A.

*Medical Officer of Health and Principal School Medical Officer:*

MALCOLM S. HARVEY, M.B., Ch.B., D.P.H.

*Chief Public Health Inspector:*

T. L. MARTIN, A.R.S.I., M.S.I.A.



## COMMITTEE MEMBERSHIP, 1969

### Mayor:

COUNCILLOR H. J. BUCKWORTH

### Health Committee:

Chairman: Councillor MRS. E. M. ROTHERMEL.

City Council Members: Alderman T. McCALLUM, Councillor T.M. BARKER, Councillor Mrs. K.M. ELLIS; Councillor Mrs. L. PIKE, Councillor B. A. PORTER, Councillor A. TAYLOR, Councillor R. G. WILLOUGHBY, Councillor A. V. WILSON, Councillor MRS. A. K. WOOLEY.

Co-opted or Representative Members: MISS E. M. HAIGH, Matron Kent and Canterbury Hospital; Dr. J. A. CHEESE, Local Medical Practitioner; MR. A. FENTON-TAYLOR, South East London and Kent Executive Council; MRS. H. V. PAGE, Canterbury Group Hospital Management Committee; MRS. M. INGRAM.

### Education Committee:

Chairman: Alderman S. H. JENNINGS, O.B.E.

City Council Members: Alderman T. McCALLUM, Councillor T. M. BARKER, Councillor E. C. F. BROWN, Councillor MRS. K. M. ELLIS, Councillor MRS. L. PIKE, Councillor B. A. PORTER, Councillor MRS. E. M. ROTHERMEL, Councillor J. TILLEARD, Councillor A. V. WILSON.

To the Right Worshipful the Mayor, the Aldermen and the Councillors  
of the City and County of Canterbury.

In accordance with the statutory duty so to do the annual report for the year 1968 is presented.

It is difficult to balance the impression of growth in the City as suggested by the greater numbers shopping in the City, the increased traffic density and livelier controversy and criticism, with statistics which show little population change. Statistics can mislead, but in this case the recorded lack of population growth is supported by figures derived from child health clinics and maternity services which indicate little increase in the family elements of the community. We can look on 1968 as a lean year in development within the City while yet aware that the City fringe grows rapidly. If one could observe a compensating growth in rateable value from developments other than housing to meet the cost of services which arise from increased usage of the City's facilities there would be less apprehension about our ability to keep up with the times.

As a preface to the figures and tables which are the basic substance of the report but which would be dull stuff without some comment, a review of matters considered during the year is provided. Conceivably we should begin with Family Planning, as the opportunity provided by the National Health Service (Family Planning) Act 1967 encouraged the Council to develop a closer agency arrangement and greater support for the local branch of the Family Planning Association by providing premises free of charge and by making a grant based on the cost of social and medical cases helped. It would have been out of keeping with past debates if the Council had sought to use the permissive powers of the Act to take over and provide the family planning service. As an aid to integration with other services for the welfare of the family our nursing staff especially the health visitors attended clinic sessions to prepare themselves to discuss the subject on home visits with reasonable knowledge of the social aspects.

Since ever the National Health Service was established the child welfare services provided by the Local Health Authorities, which are an essential part of the whole, have been looked on askance by some critics as an unnecessary duplication of what a family doctor can provide. This whole question was studied by the Sheldon Committee who reported during the year 1967. In justifying the service, and suggesting the more appropriate title of Child Health Service, the report recommended greater attention to child development assessment, and a close integration with the School Health Service. The early recognition of handicap, and co-ordination with the family doctor, hospital specialist, school medical officer, educational psychologist and associated specialties in identifying the handicapped child's needs, must be the primary objective. There should follow a continuing process of skilled observation with reassessment of need at strategic points in the child's growth and progress until the handicap is no longer significant or until the child is guided into a suitable adult vocation.

The Sheldon Committee's recommendation that centres for the assessment of handicapped children should be established was accepted by the Department of Health and Social Security with the District Hospital in mind as the location. This would involve an increase in the establishment of Paediatricians and for the present the Regional Hospital Board finds this difficult. The selection of Canterbury as such a centre is more than likely.

The dental care of child and mother has received special attention and with improved equipment the scope is there. It was not found possible in the year under review to increase the staff or the service but this has developed since. With dental care beginning at age 3 years, essential because of the national epidemic of dental caries and the absence of the defence of an adequate fluoride level in the water supply, the dentist is an old friend by the time school years bring the child within the scope of the school dental service.

Health Education is part of the work of everyone concerned with health services, and is exercised by the family doctor, local authority doctor, health visitor or district nurse alike. Its application by example as well as precept is shown in the changed smoking habits of most doctors. In the hospital situation the education is more corrective than persuasive. Nationally the impetus has been stimulated by the development of the Health Education Council with state backing, which took over from the Central Council for Health Education. Locally we have continued the policy of matching display material with conversation promotion by health visitors and other nurses. The aim is not indoctrination but understanding.

There was temporary stalemate on health centres, and in an effort to improve a situation in which the child health centres outside the central clinic in the Poor Priests Hospital are held in various premises none suited to the purpose, the Health Committee members viewed and considered the provision of a mobile clinic.



A field in which progress was much more satisfactory was the development of pre-school play groups and the registration of child minders, and by the end of the year there were 202 places in 8 play groups and 3 registered child minders providing 29 places. In addition the groups concerned had encouraged the Canterbury Technical College to run a short training course, and this training scheme is to be developed to a level which is likely to justify its recognition as an approved training course. The development was outside local government activity, but was stimulated by interest and grants in aid.

A sad note is the demise of the Canterbury District Nursing Association or the Kent and Canterbury Institute for Trained Nurses. A special section is written on the history of this local charity which blended imperceptibly into the local health services in 1948 and in the course of time so lost its separate identity that take over was inevitable. This should not obscure the faithful nurture of this home nursing service over the long span of years by Alderman (Honorary) Mrs. Evelyn M. Hews, C.B.E., its Chairman.

The attachment of District Nurses to the general medical practices in the City continued to work satisfactorily. This led to an increase in the area to be covered by each nurse, for the medical practices are not district orientated, but the benefits of working in closer association with the doctors were appreciated by the patients as well as the nurses.

The Home Help service is a well established part of the home health services but remains a chargeable service, with charges graded down to a minimum charge according to income. The Department of Health encouraged local health authorities to dispense with the minimum charge, especially for old age pensioners on Social Security benefit. The Council decided to continue the present policy with its inbuilt extra consideration for long term special cases. The income towards the service amounts to 34% of the gross cost and the maximum charge is less than the actual cost.

The long awaited changes in notification of infectious disease were announced and implemented during the year. These changes added leptospirosis, yellow fever and tetanus to the notifiable list and cancelled acute primary pneumonia, acute influenzal pneumonia, puerperal pyrexia and acute rheumatism. Too much to read and little time to read it resulted in some confusion on the part of the family doctors which in the extreme was the wishful thinking that all notification had been abandoned. Hospital medical staff have never been outstandingly competent in notification, but recent home qualified house doctors have shown much greater understanding of the need, which is gratifying evidence of an improved attitude to community medicine in the medical schools.

A start was made on building the Canterbury Adult Training Centre which is well placed on the fringe of the Wincheap Industrial Estate whence it is hoped some contract work will come in due course. The 40 places will be filled half from the City and half from the County and will allow the present Training Centre to function wholly as a Junior Training Centre.

The development of home haemodialysis by the installation of an artificial kidney machine in the home of a patient who through kidney failure has become dependent on this therapy has involved local health authorities in adapting a room in the patient's house to accommodate the equipment. Early information varied on the requirements and the cost and it was gratifying that when a case did fall to our lot to help, the Council recognised the importance of urgency. With full support from the City Architect's staff and an enthusiastic local builder adaptations were completed by the time the patient had been trained in the self help process. So far such cases depend on hospitals in London but in the near future an artificial kidney unit will be set up in the Kent and Canterbury District Hospital.

In-service training for our ambulance staff developed during the year. Kent County Health Department established a scheme of training which with further development subsequently came within the standard recommended by the Department of Health following the Miller Committee report. One of the centres for training is in Canterbury and participation has been simple. Combined with this training there has been upgrading of the ambulance equipment with special attention to facilities for resuscitation in home or road accidents. Each year sees further development in design of equipment from which the patient benefits.

Progress in the eradication or improvement of unfit houses has dealt with 92% of dwellings listed in 1955 and 1964, and the residue will be absorbed as new dwellings are built. As Mr. Martin, Chief Public Health Inspector, indicates, the unfit houses still to be dealt with will be closed on rehousing the tenants and not demolished, thus giving an opportunity for restoration and modernisation when empty.

A start has been made on declaring Smoke Control Areas which in the long term will involve the City as a whole. Measurement of atmospheric pollution in the City has now covered several years. A steady attack on the pigeon nuisance in the shopping area has reduced the numbers appreciably. It is realised that this is not a blitz but a long campaign against an enemy with a prolific rate of recruitment.

The Chief Public Health Inspector in his report, which as always is interesting reading, gives emphasis to the importance of food hygiene and refers to new techniques used by the inspectors. But as he shows well by his quotation some faults are centuries old and still current.

MALCOLM S. HARVEY

*Medical Officer of Health*

# ANNUAL REPORT, 1968; ON THE STATE OF THE PUBLIC HEALTH AND THE LOCAL HEALTH SERVICES IN CANTERBURY

Canterbury was credited with a slight decline in population which over the last four years has fluctuated around the figure of 32,800. The live birth rate while better than the previous year had not recovered the level of the years previous to that and continues even after adjustment to fall below the national average. The infant mortality rate and the perinatal mortality rate show a resistance to improvement, which is a matter for concern. The death rate after adjustment is below the national rate, and it is the hazards of infant life and not of all ages which warrant attention.

Vital Statistics	1968	1967	1966	Mean 1964/68
Population Mid-Year	32,790	32,910	32,770	32,608
Area in acres	4,810	4,810	No change	
Inhabited dwellings 1st April	10,851	10,732	10,709	10,667
Product of 1d. rate	£6,750	£6,350	£6,140	-
Persons per dwelling	3.3	3.06	3.05	3.11
Live births	498	471	516	513
Live and stillbirths	503	481	520	520
Illegitimate live and stillbirths	43	34	53	43
% of total	8.5	7.06	10.2	8.3
Total deaths	416	403	423	416
Infant deaths	12	12	8	11
<u>Statistical Rates (unadjusted)</u>				
Birth Rate per 1,000 population	15.2	14.3	15.7	15.7
Death Rate per 1,000 population	12.7	12.2	12.9	12.7
Infant Mortality per 1,000 live births	24.0	25.1	15.5	21.8
Stillbirths per 1,000 live and stillbirths	9.1	20.7	17.7	15.0
Perinatal Mortality rate	26.0	31.1	17.3	23.0

## Comparisons with rates for England and Wales after adjustment

	Adjustment factor	Canterbury 1968	England and Wales 1968
Birth Rate	1.07	16.2	16.9
Death Rate	0.79	10.03	11.9
Stillbirths Rate	-	9.1	14.0
Infant Mortality Rate	-	24.0	18.0
Neo Natal Mortality	-	18.07	12.3
Perinatal Mortality Rate	-	26.0	25.0



Registrar General's Child Population Estimate 1968.

Under 1 year - 460  
 1 - 4 years - 2,040  
 5 - 14 years - 4,800

Total Population 32,790

Under 15 years- 7,300

Infant Deaths 1968

Cause:	Age:	Under 1 day	to 1 week	to 1 month	to 12 months	Total
Congenital Defect						
CNS/Meninges	1 m		-			1
Heart				1 f		1
Other	1 m					1
Prematurity	1 f 1 m					2
Primary Respiratory Complications	1 f 2 m					3
Cord prolapse	1 f					1
Respiratory Infection					2 f	2
Injuries					1 m	1
Total		8	-	1	3	12

The Registrar General is now using a classification list based on the 8th Revision of the International Classification of Diseases which is used in the following Causes of Death table.

Cause of death	B. list No. Revised Classifi- cation	1968	1967	Age and Sex 1968 deaths					
				1 - 14		15-64		65+	
				M	F	M	F	M	F
Tuberculosis: Resp. System	5	-	-	-	-	-	-	-	-
Tuberculosis Other and late effects	6	2	-	1	-	-	-	1	-
Other Infectious & Parasitic Diseases	18	-	1	-	-	-	-	-	-
Malignant Neoplasms:									
Stomach	19(1)	7	6	-	-	2	-	3	2
"    Lungs Bronchus	19(2)	23	23	-	-	4	-	17	2
"    Breast	19(3)	6	10	-	-	-	3	-	3
"    Uterus	19(4)	-	2	-	-	-	-	-	-
Leukaemia	19(5)	3	2	-	1	-	1	1	-
Other Malignant Neoplasms etc.	19(6)	29	34	1	-	6	7	9	6
Diabetes Mellitus	21	3	1	-	-	1	-	1	1
Avitaminoses, etc.	22	1	-*	-	-	-	-	-	1
Mental disorders	46(3)	1	-*	-	-	1	-	-	-
Meningitis	24	1	-*	-	-	-	-	1	-
Other diseases of Nervous System	46(4)	4	-*	-	-	-	-	1	3
Chronic Rheumatic Heart Disease	26	6)	-*	-	-	2	2	-	2
Hypertensive Disease	27	5)	157*	-	-	1	-	1	3
Ischaemic Heart Disease	28	96)	-	-	-	14	2	35	45
Other forms of Heart Disease	29	26)	-	-	-	1	1	6	18
Cerebrovascular Disease	30	65	73	-	-	-	2	21	42
Other diseases of circulatory system	46(5)	26	*	-	-	1	1	11	13
Influenza	31	8	-	-	-	-	-	4	4
Pneumonia	32	40	30	-	-	-	1	17	21
Bronchitis, emphysema	33(1)	14	19	-	-	-	-	9	5
Other diseases of Respiratory System	46(6)	5	1	-	-	3	1	-	1
Peptic Ulcer	34	3	2	-	-	-	-	2	1
Intestinal obstruction and hernia	36	1	-	-	-	1	-	-	-
Other diseases of Digestive system	46(6)	2	-	-	-	-	-	-	2
Gastritis, Enteritis, diarrhoea	-	*	3	-	-	-	-	-	-
Nephritis and Nephrosis	38	5	5	-	-	-	-	1	4
Hyperplasia of prostate	39	-	-	-	-	-	-	-	-
Other diseases of genito-urinary system	46(8)	7	*	-	-	1	-	1	5
Diseases of musculo skeletal system	46(10)	4	*	-	-	-	1	-	3
Congenital anomalies	42	4	5	-	-	-	-	-	-
Birth injuries, Difficult labour etc.	43	3	*	-	-	-	-	-	-
Other causes of Perinatal mortality	44	3	*	-	-	-	-	-	-
Other defined and Ill-defined diseases	-	*	19	-	-	-	-	-	-
Symptoms and Ill-defined conditions	45	-	-	-	-	-	-	-	-
Motor Vehicle Accidents	47	3	5	-	1	-	1	-	1
All other accidents	48	2	3	-	1	-	-	-	1
Suicide and self-inflicted injury	49	5	2	-	-	3	1	-	1
All other external causes	50	3	*	-	-	-	1	-	1
Total		416	403	2	3	41	25	142	191

The 1968 totals may be converted to Rates per 100,000 by multiplication by factor 3.05

\*No corresponding classification between the old and new lists.

The age and sex distribution of deaths shows a continuing mortality in males from lung and bronchus cancer. In deaths age 65 and over 12 out of the 17 are under age 75 years. This disease is causing one in six of all male deaths between 35 and 74 years of age compared to 1 in 29 in the same age group of females. In ischaemic heart disease which includes coronary artery disease just over two in six male deaths in the 35 - 74 years are from this cause compared to two in ten in the same age group of females. It is noteworthy that in this age group 35 - 74 males the occurrence of deaths from coronary artery disease under 65 is approximately equal to the number on the upper side of 65. At the risk of annual repetition of the same sad song we note that of all causes of death, in this age group of male responsibility, 35 - 65 years, cancer of lung and bronchus and ischaemic heart disease kill off more than half the casualties. Three known elements of prevention, the reduction of cigarette smoking, regular exercise and the control of overweight should receive the attention of every man over forty.

### Home Health Services

#### Health Visiting

The staff comprises a Senior Nursing Officer who supervises the nursing services in health visiting, school nursing and home nursing, and five full-time and one part-time health visitors.

Visits made (excluding school health visiting)

Category	First Visits	Total Visits
Infants born in 1968	478	2,294
Children born 1963/67	1,971	5,997
Expectant mothers	122	204
Elderly persons over 65 years	182	249
After Care, Inf. Disease, Home Accidents, etc.	264	645

Only 42 primary visits and 104 follow-up visits were made at the request of the family doctors. The Health Visitors made 441 clinic session attendances (excluding Chest Clinic work shown below).

A state enrolled nurse is shared with the school health service. The S.E.N. made 103 clinic session attendances and 135 home visits.

The health visitors are not yet attached to the general medical practices as a willingness on the part of the family doctors to develop this working arrangement is essential if such attachment is to be beneficial.

The part-time health visitor was our share of a tuberculosis health visitor employed by Kent County Health Department.

Chest Clinic: Health Visitor sessions = 60

Mantoux Test Sessions = 52      B.C.G. Contact Clinics = 8.

Home visits to cases = 368

## Child Health Clinic Attendances

	Age Group	Central	Wincheap	North- gate	London Road	St. Stephen's	Totals
On Clinic Register	Under 1	194	58	58	65	40	415
31.12.67	1-5 years	314	145	95	236	112	902
On Clinic Register	Under 1	183	67	36	84	50	420
31.12.68	1-5 years	328	137	120	179	87	851
Number of Children attending	Born 1968	201	71	74	79	38	463
	Born 1967	181	66	73	82	43	445
	Born 1963/66	183	107	92	134	83	599
Attendances by Children	Born 1968	1,465	664	533	827	411	3,900
	Born 1967	1,196	498	508	489	471	3,162
	Born 1963/66	661	515	417	333	453	2,379
Total attendances:							9,441

### Clinic Doctors' Consultations:

Children born 1968	...	...	...	...	683
Children born 1963-67	...	...	...	...	1,224
Total	...	...	...	...	1,907

The use made of the child health clinics remains constant.

## Observation List

The Index is established and working. Cases go on to the index on prenatal, natal or post natal indications or following any serious illness, and are brought forward for review at intervals determined by the child health clinic medical officer. The index was reduced from 175 to 126 cases by the end of 1968, representing 5% of the child population under school age.

## Prematurity

Thirty three premature births (6.5%) occurred of whom 2 were born on district.

Congenital Malformations were recorded in 6 babies

## Priority Dental Care

### Numbers provided with Dental Care

	Examined during the year	Commenced treatment during the year	Treatment completed during the year
Expectant & Nursing Mothers	22	24	12
Children under 5	73	80	73



## Treatment Given

	Scaling and Gum Treatment	No. of Teeth Filled	Teeth otherwise Conserved	Crowns and Inlays	Extractions	General Anaesthetics	Patients provided with Dentures		Radio-graphs	Teeth Root Filled
							Full Upper or Lower	Partial Upper or Lower		
Expectant & Nursing Mothers	5	36	-	-	25	25	1	1	2	1
Children Under five & not eligible for School Dental Service	Nil	106	3	-	77	28	-	-	-	-

### Nurseries and Child Minders, including Pre-School Play Groups.

The interest in Pre-School Play Groups has continued. The Women's Royal Voluntary Service, Community Associations and Voluntary Committees, and the Nursery Section of the Canterbury Association for the Advancement of State Education which has lately separated into a Nursery Group Organisation, have all been involved in the development of this valuable contribution to the welfare of families.

#### The Council's sponsorship

At the end of 1968 eight groups were active with over 200 places providing the equivalent of over 380 session/places per week.

Child minding was slower to develop with a total of 29 places of which 18 represent a half day nursery school in the owner's residence and the other 9 places were provided by two child minders.

### Unmarried Mothers

Social case work is carried out on behalf of the Health Department by the Social Workers of the Diocesan Council for Social Work and the Southwark Catholic Rescue Society. Financial support is given as required towards hostel accommodation.

Case work visits	22
Hostel admissions	3
Illegitimate live and stillbirths	43

### Domiciliary Midwifery

The midwives are attached to the general medical practices in the City. One part-time midwife provides cover for the three full-time midwives' holidays or sickness.

Home deliveries	- 109	Emergency hospital admissions	- 8
Early hospital discharges	- 94	Stillbirths	- Nil
Premature births	- 2	Pethidine Products	- 90
Analgesia: Entonox	- 66	(Dr. present 22)	
(Dr. present 17)			

Aid to cases outside the City area, as a result of the General Practitioner attachment - 7.  
Clinical ante-natal care is centred on doctors' surgeries and the Health Department concentrates on supportive care and health education through Mothercraft Classes, Relaxation Classes, Sewing Classes, and Dental Care.

The staff involved are -

Mothercraft - Health Visitors and Midwives  
Relaxation - Physiotherapist  
Sewing Class - Technical College External Instructor  
Winter & Spring terms (Summer term continues as Mothers' Sewing Club).

Mothercraft 43 sessions - 130 mothers attended.

Relaxation 42 sessions - 191 mothers made 1,121 attendances.

The film "To Janet a Son" is shown to an audience of mothers and fathers.

Live births of whom notification was received.

	<u>1968</u>	<u>1967</u>	<u>1966</u>	<u>1965</u>	<u>1964</u>
Home delivery	102	114	126	129	178
Hospital delivery	<u>1,560</u>	<u>1,478</u>	<u>1,405</u>	<u>1,370</u>	<u>1,160</u>
	1,662	1,592	1,531	1,499	1,338

The hospital deliveries include many babies from outside the Authority's area. Live births to Canterbury mothers, where delivered:

	<u>1968</u>	<u>1967</u>	<u>1966</u>	<u>1965</u>	<u>1964</u>
Domiciliary Practice (City)	102	112	126	129	175
Kent and Canterbury Hospital	361	294	328	338	294
Private Domiciliary Practice	Nil	Nil	Nil	Nil	Nil
Military Families Hospital, Shorncliffe	8	25	23	26	24
St. Helier's Maternity Home, Tankerton	12	16	21	23	26
Elsewhere	<u>6</u>	<u>5</u>	<u>9</u>	<u>6</u>	<u>13</u>
	<u>489</u>	<u>452</u>	<u>507</u>	<u>522</u>	<u>532</u>

Stillbirths: At home - Nil. In hospital: 5.

### Welfare Foods

We receive much help from the W.R.V.S. members in dealing with Welfare Food sales at outlying clinics, and provide a main store and distribution centre at the Central Clinic.

	<u>1968</u>	<u>1967</u>	<u>1966</u>	<u>1965</u>	<u>1964</u>
National Dried Milk (tins)	1,553	2,383	3,233	4,623	5,413
Orange Juice (Bottles)	9,475	9,834	11,013	10,353	9,167
Cod Liver Oil (Bottles)	480	449	466	444	362
Vitamin A & D Tablets (packets)	517	570	558	742	793

## Home Nursing

1968 has seen the completion of the first year of the nurses working directly with the family doctors. This change of policy has meant that the nursing staff have much closer links with the doctors and is of benefit to the patients.

The six nurses work in pairs, and each undertakes the relief work of her opposite number when off duty, annual leave or sick leave are involved. Close contact is kept with the doctor's surgeries, either by visiting or by telephone. Some treatments are given in surgeries under the direction of the doctors concerned.

The objective of treating the elderly in their own homes whenever possible has meant more general care and supervision and an increased burden on Care and After-Care equipment, e.g. commodes and wheelchairs. The treating of patients on the doctors' lists has also meant that more time has been spent in travelling between patients.

### District Nursing 1964 - 68

### Cases and Visits

Types of Case	Medical	Surgical	T.B.	Other	Cases Nursed	Over 65	Total visits	Visits to over 65
1964	431	92	2	-	525	253	14,913	11,015
1965	497	119	3	1	620	328	15,731	11,724
1966	550	121	2	12	685	337	15,938	10,982
1967	523	167	-	5	695	362	15,390	11,266
1968	891	172	4	1	1,068	484	17,760	11,861
1968 Home	632	131	4	1	768	441	16,930	11,705
Surgery	259	41			300	43	830	156

The nurses attended 21 children under school age, 9 at home and 12 in surgery. Patients receiving more than 24 visits in the year number 162. The patients on the books at the end of the year numbered 145 medical and 37 surgical.

## Home Help Service

The description "Domestic Help Service" is now officially changed to Home Help Service and on the implementation of the Health Services and Public Health Act 1968 it ceased to be a permissive service. This may increase the demand for help as it will mean that those who are eligible, but able to afford private help, must be given support until they are able to make alternative arrangements.

In accordance with the "Budget Squeeze" it was decided to reduce home help hours wherever possible. The figures show an average weekly reduction of 24 minutes per case.

	1968	1967
Total Hours	41,139	46,634
Hours worked in Homes	33,293	36,870
Travelling time, sickness and holidays	7,846	9,763
Average weekly hours for each case	3 hrs 40mins	4 hrs 4 mins.

Number of cases visited to assess need, where initial requests to visit came from general practitioners and hospitals = 158.



No. of new cases given Home Help	Hospital Discharge and other cases returning home	Maternity and other enquiries (alternative arrangements)	No service provided			Cases refusing Home Help		Total
			Had Private Help	Going away or in to Hospital	Not qualified to have Home Help	Over 65	Under 65	
103	18	6	9	5	2	11	4	158

Of the over 65 group, in need of but refusing home help, 5 agreed to help at a later date. Several visits were made to some cases before help was accepted.

The staff of 6 full-time and 25 part-time Home Helps is directed by one Organiser. The cases carried on from 1967 numbered 184, new cases 103, giving a total of 287 helped during 1968 of whom 188 were carried forward to 1969. Care was completed in 99 cases during 1968.

#### Types of case:

All types age 65 and over	Cases under 65 years				Total
	Chronic Sick and T.B.	Mentally disordered	Maternity	Others	
252	14	1	9	11	287

#### Foul Laundry Service

This service dealt with 384 bundles of laundry from chronic sick incontinent patients.

#### Chiropody Service

The number of cases under treatment was 213 at the beginning of 1968 and 230 at the end of the year. Seventy-three cases were referred during the year; source of referral -

	1968	1967	1966	1965	1964
General Medical Practitioners	47	48	58	57	44
District Nurses	23	11	13	25	18
Health Visitors	3	6	17	14	3

Since the service started on 1st January 1961, 579 cases have been referred.

The cases under treatment at the end of the year comprised:

Physically handicapped - 105      Elderly - 93  
Other - 12

Elderly not physically handicapped - 125      Total - 230

One hundred and thirty-two cases were attending the Chiropodist's surgery for treatment and 98 were receiving domiciliary treatment.

Fifty-six of the 73 new cases referred during 1968 were assessed to pay the minimum charge of 2/- per treatment. Case distribution was 59 female, 14 male.

Total number treatments given during the year:

Surgery: 452      Domiciliary: 561      Total: 1,013



## Health Education

The policy of subjects in sequence was continued. The Health Visitors, the Senior Nursing Officer, the Mental Welfare Officers, the Public Health Inspectors, the Child Guidance Clinic staff and the Medical and Dental staff were all involved in some form of talking to adult groups on health topics during the year. Such demands are quite heavy on the department and are usually out of hours activities. In addition students from schools and colleges have attended clinic sessions and individual students have been helped in compiling data for special projects.

## Nurse Training

The Department received -

Student Nurses from St. Augustine's Training School	:	8 spent 1 day each with Health Visitors
Student Nurses from Kent and Canterbury Hospital Training School	:	43 spent 1 day each with Health Visitors and District Nurses.
Student Nurses 26 )	Attending Child Health Clinic Sessions at Central Clinic	
Pupil Nurses 9 )		

Lecturers are provided to the Nurses Training School and to the Midwifery Part II Training School of the Kent and Canterbury Hospital, and to the Health Visitor Training Course, Medway and Maidstone College of Technology. We have one Field Work Instructor for Health Visitor Training and one regular trainee midwife attachment.

## Other Educational Commitments

Lecturers are provided for the Medical Secretaries Course, Canterbury Technical College; and occasional conferences (Nursing) at the University. We also have social science students attached to the Department for field experience, including one regular attachment from Bath University for 1 month. For the size of the Authority and the Health Department we seem to make a sizeable contribution to Education which while it is stimulating is not shown in the statistics of work load. It is probably the size and convenient location that leads to our frequent selection for observation visits by study tours of visitors from overseas.

## Cancer Prevention

The Cervical Cytology Clinic began in mid 1966. The original impetus has spent itself and attendances dropped to 176 in 1968. Approaches were made to Women's Organisations and to Welfare Officers of factories and other Employers of women, providing application forms. This on enquiry was found to be a general decline involving family doctors as well as the Local Authority Clinic.

Breast Examination is offered at the time of attendance, and the practice of self-examination of the breasts is being promoted by leaflets of advice.

The lady doctors who take the cervical smears at the clinic report that much benefit comes from attendance because of the other minor conditions found which can be brought under treatment and result in improved comfort and general health.

## Mental Health Service

Site clearance and building began on the Adult Training Centre with 40 places. The Cow Lane site is well placed adjoining the Wincheap Industrial Estate.

### (a) Mental Illness

Admissions under order or informal involving the Mental Welfare Officers were

	Section 29	Section 25	Section 26	Section 60	Informal	Total
Male	6	4	-	2	6	18
Female	14	3	3	1	11	32
Total						50

### After-Care Accommodation provided

#### Cases referred for home after-care

From St. Augustine's Hospital	14
From other sources	2

Domiciliary visits were made on over 1,000 occasions, involving 49 persons and their families.

#### (b) Handicapped by Mental Subnormality:

Six new cases were brought within the scope of the local authority's services and 5 were removed from the register. Nine cases received periods of temporary residential care. Under supervision at 31.12.68 were 31 males and 19 females.

Home visits by the Mental Welfare Officers totalled 346.

No cases were under guardianship.

### Canterbury Training Centre

A start to the building of the Adult Training Centre gave promise of transforming this centre into a Junior Training Centre with its opportunity for better grouping of the youngest trainees.

A much appreciated addition to the facilities of the Training Centre this year has been the Junglejym and the swing bay.

These were provided through the Canterbury Society for Mentally Handicapped Children and presented by Mr. Jannaway a former chairman of East Kent Students. The money was collected originally at the Students' Rag Week.

The Mayor of Canterbury received these gifts on our behalf and we are grateful for the interest he has shown.

A physiotherapist, also a Speech Therapist attend each week and give valuable service to the pupils and advice to the staff.

A thriving Social Training Programme has included 3 trips to London just before Christmas. The British Broadcasting Corporation has been very generous in allotting tickets to broadcast performances, including Billy Smart's Circus.

Many visits by students, nurses and children from various schools in the district have helped a great deal, especially to improve the relationship with society in general.

### Old Age

The following accommodation is provided in the City for the elderly in elderly persons units, flats, wardened units, old persons homes and almshouses.

<u>Council Units</u>	<u>Wardened</u>	<u>Unwardened</u>	<u>Total</u>
Bungalows	66	72	138
Flats	166	44	210
Old Persons Homes	65	-	65
<u>Almshouses</u>	46	26	72
<u>Registered Private O.P.H.</u>	4	-	4
Total	347	142	487

This approximates to 8% of the population over 65 provided for in this way.

### Compulsory Admission into Care

There were no cases dealt with by an Order during the year.

### Physically Handicapped

There were 50 persons registered with the Welfare Officer as physically handicapped.

## Blind and Partially Sighted Persons

Eight cases were notified on Form B.D.8 during the year.

Condition present	Cataract	Glaucoma	Myopia	Others	Total
No treatment recommended	-	1	-	1	2
Treatment needed	3(1*)	1	1	1	6
Treated on follow-up	1 <del>φ</del> 1	1	-	1	3

\*Ophthalmic medical supervision only  
~~φ~~Treatment refused.

We observe our interest in the cases on the register by a periodic enquiry by home visit (Health Visitor) or through the Welfare Department Visitor to the Blind.

## Voluntary Services in Support

### Meals on Wheels Service

The Women's Royal Voluntary Service distributed 7,041 meals to persons recommended by doctor, nurse or Welfare Officer during 1968.

### Citizens' Advice Bureau

An established centre is now running in Canterbury. They reported much use of the Bureau by the public, and liaised well with the Health Department.

### Family Planning Association

This organisation is given accommodation in the Central Clinic and a small grant in recognition of their help in social and medical cases. It carries the greater part of the load, otherwise carried by the hospital and the family doctor, in meeting this community need. Clinics are held in the evenings and some mornings as indicated on the Central Clinic noticeboard.

## Nursing Homes and Nurses Agencies

There is only 1 private nursing home in the City (6 beds) and 1 Nurses Agency is registered.

### Ambulance Service

The Ambulance Station and the service run from it is operationally integrated with the County Service and comes within the overall emergency control of the County's Thanet Ambulance Station. Staff at the end of 1968 was 30 driver/attendants (18 rotating shift, 10 varying day shift and 2 relief shift), 1 Control Room Officer and 1 Station Officer. Vehicle strength was 10 stretcher ambulances and 5 sitting case cars.

### USE MADE OF AMBULANCE SERVICE OVER FIVE YEARS TO 1968

	1964	1965	1966	1967	1968
Total patients carried	37,922	39,689	36,603	43,422	46,243
Outpatients	32,001	34,170	31,000	37,869	40,544
Admissions, Transfers Accidents, etc.	5,921	5,519	5,600	5,553	5,699
Mileage	169,209	174,633	174,110	181,947	188,969



## Hospital Car Service

This service gives useful support on long distance outpatient work and hospital transfers. Patients carried: 264 Mileage 15,044.

Average miles per patient: H.C.S. 57 miles. N.H.S. 4.8 miles.

## Vaccination and Immunisation

### Vaccinations Against Smallpox, 1968

Against Smallpox	Under 3 Months	3 - 6 Months	6 - 9 Months	9 - 12 Months	1 - 4	5 - 15	Over 15	Total
Primary Vaccination	-	2	1	10	314	18	-	345
Re-vaccination	-	-	-	-	8	48	-	56

### Immunisation against Diphtheria, Whooping Cough, Tetanus and Poliomyelitis, 1968

Completed Primary Course	Born in 1968	1967	1966	1965	1961-1964	Others Under Age 16	Total
Diphtheria	174	206	19	4	19	4	426
Whooping Cough	172	201	16	2	7	1	399
Tetanus	174	206	19	4	21	87	511
Poliomyelitis	83	275	25	8	33	9	433

Reinforcing Doses	Born in 1968	1967	1966	1965	1961-1964	Others Under Age 16	Total
Diphtheria	-	58	153	41	276	31	559
Whooping Cough	-	26	63	19	83	10	201
Tetanus	-	58	154	42	289	135	678
Poliomyelitis	2	4	18	8	280	18	330

These tables do not differentiate between those done by the family doctor and those done in local authority clinics. Both channels are working the same scheme.

## Measles Vaccination

The programme for measles protection got under way during the year. Parents with children under 7 years of age who had not already had measles according to our records, were approached and offered protection for the children. Arrangements for the 5 - 7 year old children were made through the School Health Service. Arrangements for vaccination of the pre-school children were made through the family doctors. The Health Visitors made the arrangements with the family doctors, organised the sessions and appointments, and attended at the surgery sessions. Pre-school children's appointments were phased (a) 3 - 4 year olds plus children attending nurseries and play groups (b) 3 - 4 year olds along with younger sibs age 1 year (c) other 1 - 3 year olds.

By the end of the year 920 children had been vaccinated, 99 through the School Health Service and 821 through the family doctors. The age distribution was 495 under school age and 425 age 5 - 16.



## B.C.G. Vaccination

(Section 28 N.H.S. Act; Prevention of Illness)

Contacts are X-rayed and vaccinated if necessary at the Chest Clinic.

Routine protection of children age 11 to 15 is carried out at schools (L.E.A. and private).

Contacts -

Skin Tested .. .. 94

Found Negative .. .. 74

B.C.G. Vaccinated .. .. 80

Routine Protection -

	Number in 11/12 Age Group	Older Age Group	Total
Consents to test	496	107	603
Found Negative	442	82	524
Vaccinated B.C.G.	442	82	524
Positive (previous B.C.G.)	94	3	97
Initially positive	35	22	57

### L.E.A. SCHOOLS - B.C.G. VACCINATION

Year	Appropriate School population	Test	No. Tested	% Possible	Test +ve	%	Test -ve	Vaccinated B.C.G.
1968	571	Heaf	477	83.5	35	7.3	442	442

+97 positive previous B.C.G.

## Infectious Diseases Tables

Cases Notified during 1968

Disease	Age Group											Quarterly Incidence				
	Age Un- known	Un- der 1	1-2	2-3	3-4	4-5	5-9	10- 14	15- 24	25+	Total	1st	2nd	3rd	4th	Total
Measles	-	1	-	3	5	8	20	2	3	-	42	12	3	4	23	42
Scarlet Fever	-	-	1	1	2	4	4	1	-	-	13	-	1	-	12	13
Whooping Cough	-	-	-	4	-	2	1	-	-	1	8	3	-	5	-	8
Dysentery	-	1	-	-	-	-	-	-	1	-	2	-	-	1	1	2
Erysipelas	-	-	-	-	-	-	-	-	-	1	1	1	-	-	-	1
Food Poisoning	-	-	1	-	1	-	-	-	-	-	2	-	-	2	-	2

Rubella. An outbreak amongst University Students was reported in March and in view of the number of persons from the City employed in the University all family doctors were informed of risk to Expectant Mothers in the first trimester so employed.

### Notification of Infectious Disease

Sections 47 to 49 of the Health Services and Public Health Act 1968 and the Public Health Infectious Diseases Regulations 1968 came into operation on 1st October 1968. Along with the previous addition of Infective Jaundice the legislation revised the list of notifiable diseases.

It placed the responsibility for notifying a case or suspected case of food poisoning on the medical practitioner attending the patient.

It also laid down the principles on which a case of tuberculosis should be notified as follows.

#### Notifiable Tuberculosis

Tuberculosis is required to be notified in order to check the spread of infection and to bring about the proper management of the individual patient and immediate contacts. A person who should be notified as "suffering from tuberculosis" therefore is a person who because of tuberculous infection may infect others, or a person who is suffering from an active tuberculous lesion which calls for medical treatment and some modification of the patient's normal course of living.

Infectious Diseases now to be notified to the Medical Officer of Health:

Acute encephalitis	Ophthalmia neonatorum
<u>Acute meningitis</u>	Paratyphoid Fever
Acute poliomyelitis	Plague
Anthrax	Relapsing fever
Cholera	Scarlet fever
Diphtheria	Smallpox
Dysentery	Tetanus
(amoebic or bacillary)	Tuberculosis
Infective Jaundice	Typhoid Fever
Leprosy	Typhus
Leptospirosis	Whooping Cough
Malaria	Yellow Fever
Measles	

and Food Poisoning

Note that meningococcal infection is now included in the wider scope of Acute Meningitis of whatever cause. The pneumonias, acute rheumatism, erysipelas, membranous croup and puerperal pyrexia have dropped out.

#### Cases of Tuberculosis Notified

		Under 5 years	5-14	15-24	25-44	45-64	65+	Total	1st	2nd	3rd	4th	Total
Tuberculosis Respiratory	-	1	2	1	1	2	1	8	4	1	1	2	8
Other forms	-	-	-	-	2	-	-	-	-	2	-	-	2

The T.B. register now stands at 118 persons - pulmonary 51 male, 53 female; non-pulmonary 7 male, 7 female. In the 1963 Annual Report we gave 25 years' incidence of pulmonary tuberculosis notifications. The notifications for the last 5 years were :-

	<u>1964</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>
Tuberculosis: Pulmonary	10	5	5	3	8
Non-Pulmonary	1	-	2	-	2

#### Laboratory Services

Public Health Laboratory - Preston Hall, Aylesford, Maidstone.

Public Analytical Laboratory - South Eastern Laboratory,  
1 New Dover Road, Canterbury.

Pathological Laboratory Service - Kent and Canterbury Hospital,  
Laboratory and Preston Hall, Aylesford, Maidstone.

#### Veneral Disease

The incidence of new cases showed a slight increase on the last 3 years, with a total in 1968 twice that of the year 1963. The level represented 2 per 1,000 population against 1.6 per 1,000 national average including all conditions for which advice was sought at Special Treatment Clinics. The increase has involved towns around Canterbury in the same manner.

#### Other matters

Water Supply. Mid Kent Water Company took over the Canterbury Water Company, but the local services continued to be organised from the Canterbury office. It is a moderately hard water from deep chalk wells of good quality and purity, chlorinated as a precaution against risks in mains distribution, but low in fluoride content, approximately 0.05 p.p.m.

#### Sewage Disposal

The new sewage treatment plant at the Sturry Road Sewage Works was still under construction and unlikely to be brought into service till early 1969.



## CANTERBURY DISTRICT NURSING ASSOCIATION

(KENT AND CANTERBURY INSTITUTE FOR TRAINED NURSES) 1883-1968

The Institute was established in 1883 to provide the general community of East Kent in times of sickness and accidents with well trained and efficient nurses at a reasonable charge. So read the general plan of the Institute with its headquarters at the Nurses Institute, Longport. Cases for gratuitous nursing or on reduced terms were decided upon by the Lady Superintendent and a Ladies Committee on the recommendation of a Governor. The Institute moved shortly to 8 St. Margaret's Street and in 1894 to 62 The Burgate which was purchased for £1,100. The Institute at that time was employing 25 nurses of whom 2 worked on district nursing and the rest in private nursing. It would seem therefore that the Institute functioned more as a Nurses Agency but also served the home nursing of the needy.

The Institute was active in training its own staff and in 1893 sponsored probationers in training in the Kent and Canterbury Hospital (4), Addenbrooke's Hospital (3), York County Hospital (2) and one each at Bristol General and Birmingham General Hospitals.

By 1908 the private nursing side was entirely self-supporting while the District Nursing Service was supported by public subscription. Donations of £1 or over entitled the subscriber to be a 'Governor' who could nominate cases for gratuitous help. The private nursing staff was drawn on by the Kent and Canterbury Hospital and other hospitals as far away as Walmer (where one nurse caught typhoid and died) and was apparently a source of well trained relief staff for the hospitals.

Passing quickly to 1937, it seems that when the Kent and Canterbury Hospital moved to the new hospital in Ethelbert Road there was some danger that the Scheme agreed by the Charity Commissioners in 1921 would result in the absorption of the Institute, its district work and funds into the voluntary hospital's funds. But Mrs. Evelyn M. Hews and Mr. Jack Kent campaigned to save the Charity and as a result a new scheme of July 1938 established the Canterbury District Nursing Association to take over the assets of the Institute and to continue the District Nursing Service.

On the implementation of the National Health Services Act in 1948 the Association continued as agent of the City Council. But over the next 20 years such was the decline and disappearance of voluntary support that the position was reached where the income of the Association was insufficient to meet the salary of one nurse and was just under 5% of the cost of the Home Nursing Service in the City. It was a natural consequence that the powers given by Section 23 of the National Health Service (Amendment) Act 1949 should be used to take over the assets and property of the Canterbury District Nursing Association and to apply the income to the provision of home nursing under the direct administration of the Health Committee, which had been the position in all but title for a number of years.

There is perhaps consolation for Honorary Alderman Mrs. Evelyn M. Hews, C.B.E. who remained Chairman of the Association until its absorption, that the service which she rescued from oblivion in 1938 has continued uninterrupted to grow and enhance the City's health services. The tradition of providing the general community with well trained and efficient nurses is preserved. The reasonable charges now fall on the rates. The nationalized hospital service has changed the nature of the case load which for the greater part is the nursing of the casualties of ageing. But in no case is the close partnership in care of the family doctor and the district nurse more important.



REPORT ON THE ENVIRONMENTAL AND FOOD  
INSPECTION SERVICE IN 1968

Public Health Department,  
Canterbury.

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting the report which in the main follows the pattern of previous years.

Probably the most important environmental health resolution of the Council during the year was the decision to apply smoke control to three areas on which approximately 1,000 houses are to be built in the near future. Now that there is a sufficient supply of electricity, gas, oil and solid smokeless fuels, it would appear shortsighted not to have large areas of housing development declared as smoke control areas. The improvements which have taken place in recent years in industrial boiler plants have altered the ratio between industrial smoke and domestic smoke so much that the smoke produced by domestic chimneys is now not less than three-quarters of the total smoke produced, and practically all of it is discharged at a low level. One of the benefits from the smoke control policy will be that the houses built on hitherto open spaces will not start to produce smoke, whereas up to now, each new house burning other than smokeless fuel (although the Building Regulations require the grates to be capable of burning smokeless fuel) contributes a little more dirt to the air we breathe.

It is disappointing that despite every effort to make traders aware of the measures which promote better handling of food, more complaints which had to be followed by legal proceedings were received. I feel confident that the increase in these offences, however, is more apparent than real; and is in part due to the high cost making customers more ready to complain when food is unacceptable. Perhaps also the gradual disappearance of the retailer/customer relationship which existed in the day of the private trader when the proprietor was in the shop accounts for some of the increase in complaints.

The lack of a proper stock rotation system is probably the main cause of food complaints, but faults in distribution play an important part. However good the practices adopted in the manufacturing premises and the retail outlets, these can be negated by the conveyance of such goods as meat pies and sausages in non-refrigerated vans, and by the switching of out-dated food from one shop on to another.

I should like to record my indebtedness to the Chairman and Members of the Markets and Licensing Committee and the Housing Committee for the encouragement and sympathetic consideration they have given to the suggestions put before them, and my thanks are due to the Medical Officer of Health and Inspector colleagues and the staff of the Department for their help and co-operation during the year.

T. L. MARTIN

Chief Public Health Inspector

## General Statistics

Complaints received and investigated ... .. 388

	Houses	Food Premises	Offices and Shops	Factories
Number of visits	2,203	1,843	461	29
Defects remedied	135	107	42	2
Informal Notices sent	47	40	52	3
Formal Notices sent	15	-	-	-

### Prosecutions:-

#### (1) For selling -

- (a) A mouldy pasty. Fined £20.
- (b) Mouldy sausages. Fined £30.
- (c) Peanut butter containing glass. Fined £25.
- (d) A mouldy fruit pie. Fined £50.
- (e) Mouldy meat pies. Fined £20.
- (f) Mouldy imitation cream sponge. Fined £25.
- (g) Mouldy sausages. Fined £50.
- (h) Unfit brawn. Fined £25.
- (i) Milk in a dirty bottle. Fined £25.
- (j) Boxed fancy cakes contaminated with aluminium and in a stale condition. Fined £40.
- (k) Mouldy egg and pork pie. Fined £10.
- (l) A nut confection containing insect debris. Fined £10.

- (2) Under the Offices, Shops and Railway Premises Act 1963 in respect of a broken stair tread. Fined £10 and £3. 3s. 0d. costs.

### Warnings:-

#### For selling -

- (a) Unlabelled pre-packed currants.
- (b) Unlabelled pre-packed sultanas.
- (c) Sugar confectionery containing a prohibited colour.
- (d) Two varieties of wine containing prohibited colours.
- (e) A loaf with a black discolouration.
- (f) Mouldy crumpets.

## Housing Acts

Number of new houses/units erected in 1968

(1) By the Council ... ..	79
(2) By private enterprise ... ..	94
	173
Houses demolished ... ..	10
	163
Net increase	

Number of houses in respect of which:

(a) Demolition orders were made ... ..	-
(b) Closing orders were made ... ..	6
(c) Undertakings not to use for human habitation were accepted ...	-
(d) Closing orders were determined after houses had been made fit ...	4
Houses repaired as a result of informal action ... ..	64
Houses repaired after the service of Statutory Notice under Public Health Act	8
Houses repaired after service of formal notice under Housing Act	
(a) by owners ... ..	-
(b) by Council in default of owners ... ..	-

No case of overcrowding came to light during the year.

There are no common lodging houses in the City.

## Improvement Grants

The applications for Discretionary Improvement Grants are investigated and the houses inspected to ascertain state of repair. Five houses were inspected and in four cases the owners were asked to carry out repairs.

Sixty-eight applications for Standard Grants were received during the year.

The Standard Grant scheme is administered by this Department and the authority given by the Council for me to approve grants where the statutory conditions are fulfilled has reduced the time between application and approval to a minimum. Approval is usually given within a fortnight.

Twenty-six of the 68 applications for standard grants were in respect of rented houses. This is a higher proportion than last year when the figures were 24 out of 86.

Seven written applications from tenants for the Council to enforce modernization of the houses were received. The Council decided that one applicant has no status as tenant. Three owners applied for grants after the service of preliminary improvement notices and immediate improvement notices were served in the three remaining cases.

## Unfit Housing Programme

The first list of unfit houses prepared in 1955 contained 622 houses and the second list accepted by the Council in 1964 contained 149 houses, a total of 771. Six hundred and seventy had been dealt with formally by the end of 1968 and 516 had been included in clearance areas.

Of these houses on which closing orders were placed in the 1955-1968 period, 71 have been modernized and re-occupied. Most of these have been improved well beyond minimum standards and at the end of the year the restoration was about to commence on a further thirteen.

Sixty-one properties remain on the lists of unfit houses and four are vacant. Most of the remaining 57 occupied houses will be dealt with under closing order procedure and the tenants re-housed. Consequently many of the houses will be restored and equipped with modern amenities to provide good housing accommodation.



It has been the policy to gear the representation of unfit houses with the building of new accommodation so as to avoid the tenants having to live in condemned houses for long periods. No clearance areas were represented in 1968, but it is hoped to make a start again in 1969.

In the thirteen year period 1955 - 1968, 1,434 persons have been re-housed by the Council from houses dealt with under the Housing Acts.

As the work on unfit houses proceeded one fact which has been noticed is the cleanliness of the houses. It is in most instances of a high standard and in some houses one cannot but admire the attempts of tenants to cover up rising damp and perished plaster with proprietary substances now available. This is a most welcome change, because in slum clearance work years ago, particularly in the pre-1939 period, it was the exception to find a house with a good standard of cleanliness.

During recent years it has been noted that more and more prospective purchasers of old houses visit the Department to seek information on the expected life of property and to discuss means of effecting improvements.

### Rent Act, 1957

No applications for Certificates of Disrepair were received in 1968 and the position is as follows:-

No. of applications for certificates	...	...	...	...	140
No. of decisions not to issue certificate	...	...	...	...	1
No. of decisions to issue certificates	...	...	...	...	139
(a) in respect of some but not all defects	...	...	...	...	103
(b) in respect of all defects	...	...	...	...	36
No. of undertakings given by landlords	...	...	...	...	40
No. of undertakings refused by local authority	...	...	...	...	-
No. of disrepair certificates issued	...	...	...	...	90
No. of applications by landlords to local authority for cancellation of certificates	...	...	...	...	47
Objections by tenants to cancellation of certificates	...	...	...	...	16
Decision by local authority to cancel in spite of tenant's objections	...	...	...	...	-
Certificates cancelled by local authority	...	...	...	...	34
No. of certificates invalid owing to tenant leaving or house demolished	...	...	...	...	53
No. of certificates in operation at end of year	...	...	...	...	3

### Water Supply

Every house in the area has a piped supply of town's water inside the house.

The Canterbury and District Water Company which has owned the water undertaking since 1824 was merged into the Mid Kent Water Company during the year and as from the 1st January 1969 will operate under the latter name.

The mains provide a very satisfactory supply both as regards quality and quantity. In previous reports reference has been made to a service pipe laid some fifty years ago to supply an army camp existing at that time and which had been used since by 22 houses. Over the years the service pipe has yielded a diminishing quantity of water and during periods of peak demand the supply is insufficient to the houses farthest from the main. In 1967 the Council undertook to make good to the Company annually over a period of up to twelve years in accordance with Section 36 of the Water Act 1945, the difference between the income received by the Company for water supplied from the main and 12½% of the cost of the main, estimated to be £6,817. The main was extended in 1968 and the 22 houses now have a plentiful supply.

There is close co-operation between the Water Company and the Public Health Department and anything unusual revealed by the Company's sampling would be disclosed.

The public supply is collected from deep wells in the chalk and it receives a minimal dose of chlorine, more to keep the apparatus in first-class working condition for an emergency than because the supply normally requires it.

The total hardness is 290 parts per million of which 248 is temporary (i.e. deposited on boiling):

There is no plumbo solvent action in the town's water and the fluorides are insignificant.

Seven samples of town's water were sent by the Department for bacteriological and chemical examination and all were satisfactory.

The Department's own apparatus for testing swimming pool water was used extensively during the year to ensure that the water in swimming pools had been correctly treated. The school pools were well maintained and the water was of a satisfactory quality, the only adjustment indicated by our testing being a slight alteration to deal with the tendency for the pH value to creep up above generally accepted levels.

Frequent testing of the water in the Westgate Gardens Paddling Pool in which small children swim free of charge was carried out. The pool which is filled with town's water is unfortunately flooded from a nearby ditch in heavy rain fall. There is also pollution from water draining into the pool from the area surrounding the pool and it was necessary to empty and re-fill the pool on occasions. Our testing indicated the need for a very close watch to be kept on the quality of the water.

### Food Supplies

Mr. J.H.E. Marshall, M.A., F.R.I.C., was our Public Analyst throughout the year.

Twenty-two formal samples and 67 informal samples were submitted for chemical analysis:-

<u>Article</u>	<u>No. of samples</u>	
	<u>Formal</u>	<u>Informal</u>
Milk ... ..	11	-
Channel Island Milk ... ..	4	-
Cream ... ..	-	7
Ice cream ... ..	-	5
Sausage rolls and pasties ... ..	-	10
Sausages ... ..	1	2
Alcoholic drinks ... ..	2	3
Sugar confectionery ... ..	1	4
Dried fruit ... ..	3	-
Fruit cordials and mineral waters	-	14
"Fruit" colours ... ..	-	4
Potato powder ... ..	-	2
Mint jelly ... ..	-	2
Table jelly ... ..	-	2
Canned vegetables ... ..	-	2

and one each of the following:- corned beef, Quick Jel, salad cream, cucumbers in brine, sultanas, currants, dried milk, custard powder, ravioli and cheese.

All except seven were satisfactory. The unsatisfactory samples were:-

(a) A proprietary cocktail and a proprietary liqueur which contained a prohibited colour. Both samples were obtained informally and enquiries revealed that both bottles were the last of old stock. Follow-up samples of new stock complied with the Colouring Matter in Food Regulations which came into operation in June 1967.

(b) Two samples of sugar confectionery containing a prohibited colour and made by a manufacturer in a small way of business. Warning issued.

(c) Cream soda mineral water containing 3.9% sugar against a required minimum of 4.5%. Warning given.

(d) Pre-packed sultanas and pre-packed currants. Not satisfactorily labelled. Warning given.

The average composition of the samples of milk was:-

	<u>Fat</u>	<u>Solids</u> <u>Not Fat</u>
Milk (other than Channel Island Milk)	3.75	8.72
Channel Island Milk ... ..	4.80	9.13

The minimum standards are:-

Milk ... ..	3.0%	8.5%
Channel Island Milk ... ..	4.0%	8.5%

### Public Health (Preservatives in Food) Regulations

All the samples in the preceding table were examined for preservatives and no irregularity was discovered.

### Liquid Egg (Pasteurisation) Regulations 1963 etc.

There are no egg pasteurisation plants in the City and no samples of liquid egg were obtained in 1968 for the Alpha-Amylase test.

### Food Hygiene

Type of Premises	No.	No. of premises fitted with wash hand basins to comply with Regulation 16 of Food Hygiene Regulations	No. of premises to which Regulation 19 of Food Hygiene Regulations apply	No. of premises fitted with sinks to comply with Regulation 19	Inspections
Schools and Works' Canteens	51	51	51	51 )	594
Restaurants and Hotels .. ..	78	78	78	78 )	
Clubs .. ..	8	8	8	8 )	
Butchers .. ..	28	28	28	28 )	
Bakers and Confectioners	15	15	15	15	103
Grocers .. ..	67	67	67	67	437
Fried Fish Shops	6	6	6	6	23
Wet Fish Shops	4	4	4	4	24
Sweet Shops ..	33	33	-	-	32
Licensed Premises .. ..	76	76	76	76	111
Greengrocers ..	19	19	-	-	102
Dairies .. ..	1	1	1	1	45
Other Food Premises .. ..	5	5	5	5	94



#### Number of registered premises:-

Dairies	...	...	...	...	...	1
Premises from which bottled milk is sold	...					52
For the manufacture of ice cream	...	...				4
For the sale and storage of ice cream	...	...				97
For the preparation of sausages or processed food						38

The number of complaints concerning irregularities in food showed no signs of abating during the year. It was necessary to institute proceedings in no fewer than twelve cases. Seven were in respect of mouldy items of food, one concerned glass in a jar of peanut butter, one a dirty milk bottle, one was in respect of insect infested nut confection, one unfit brawn and one for contaminated cakes. The Public Health Inspectors are always emphasising to all food handlers the importance of stock rotation and the desirability of coding highly perishable articles such as sausages and pies as they are delivered.

The use of the sausage agar technique for testing the efficacy of cleaning plates and other utensils in restaurant kitchens was continued during the year. This has proved to be a very useful adjunct to the equipment of the Department and its use has resulted in improvements in several shops.

It has been noted during the year that more and more restaurants are making use of 'convenience foods'. In several kitchens no fresh potatoes are now used, instead frozen chips, frozen baked potatoes and mashed potato mixes are used. In one establishment chips are made on the premises in a machine using a potato powder. In grocers' shops too there are many more canned potatoes than there were.

Frozen food cabinets continued to proliferate in various types of food shops. It is interesting to speculate if the public appreciate that the life of frozen foods after removal from deep freeze cabinets is limited. Cases have been reported where a member of the public has complained of peas being 'off' and on enquiry it has been found that the peas were frozen peas that had been bought a week previously and been kept in an ordinary larder. The only place where frozen foods can be safely stored is under deep freeze conditions where the temperature does not exceed 5°F. or -15°C.

The Department's electronic thermometer has been useful in ensuring that frozen food cabinets in food shops are operating at the right temperature. It is regrettable that many such cabinets do not have a thermometer and since ordinary thermometers are not calibrated to low temperatures, shop managers and proprietors have no means of knowing if the cabinet is working correctly. Often the first signs of trouble are that all the packets of frozen food have gone soft and this necessitates calling in a Public Health Inspector as the foods have become unfit.

#### Bacteriological Sampling of Cooked Meats

Due to a change in bacteriological sampling arrangements, the sampling of cooked meats was carried out on a reduced scale. Five routine samples were submitted to the Public Health Laboratory and were found to be free from salmonellae. A further three samples from the nationally distributing firm with whom trouble had been experienced in 1966 and 1967 were taken with sterile equipment shortly after delivery to a Canterbury shop, and the Public Health Laboratory carried out a detailed bacteriological examination. Despite reports from a number of sources that conditions at the firm's factory were improving and that better processing techniques were being perfected, two of the samples were considered unsatisfactory having exceptionally high total counts and containing E. Coli organisms. One of the samples, a pork brawn, had a total count of 65 million and an E. Coli count of 3 million. On two occasions the condition of this firm's products was checked by the agar sausage technique using MacConkey agar. The agar slices were incubated in the Department's incubator and where heavy growths were obtained the slices were sent to the Public Health Laboratory for identification of the bacteria present. In each case the bacteria were identified as E. Coli and Staphylococcus Saprophyticus.

MacConkey agar sausage checks were also made on hams produced by a local firm. Heavy growths were obtained and the bacteria were identified as E. Coli and Staphylococcus Saprophyticus. In this case it was thought that the contamination occurred due to poor handling after the hams were processed and the matter was taken up with the firm concerned.

## Milk

There are four milk retailers in the City and 52 general shops are registered for the sale of pre-packed sterilised, pasteurised, and/or ultra heat treated milk.

All the milk sold by retail, with the exception of a few pints of untreated farm bottled milk sold by a producer-retailer, is either pasteurised or sterilized. The untreated milk comes from an adjoining district, and, as the authority concerned carries out biological sampling, it is not considered necessary for the Canterbury authority to carry out any testing for the presence of tubercle bacilli and *Brucella abortus*.

One firm using a H.T.S.T. plant is licensed by the City Council to pasteurise milk. Sixty-six samples of bottled milk were obtained to check (a) the pasteurising process (phosphatase test) and (b) the keeping quality at the point of delivery to the retailer (methylene blue test). All the tests were satisfactory.

Eight samples of milk from dispensing machines in cafes were obtained and all were satisfactory.

Four cartons of milk from slot machines were checked for keeping quality and all were satisfactory.

The testing of farm milk before delivery to the distributor for the presence of antibiotics was continued and seven samples of milk despatched in churns were obtained. No antibiotics were found. The Department has an arrangement with the Kent County Council who sample 'tanker' milk produced in the County area and between the two sampling authorities there is an adequate check on milk coming into the City.

## Milk in Schools Scheme

All the milk sent to schools under the control of the Education Committee has been pasteurised and the samples obtained satisfied the tests.

## Milk (Special Designation) Regulations

The following licences granted by the City Council were in operation at the end of the year:-

To pasteurise milk	...	...	...	...	1
To sell pre-packed pasteurised/sterilized and/or ultra heat treated milk	...	...	...	...	52

## Ice Cream

Forty-five samples of ice cream were subjected to the Methylene Blue Test to assess bacterial cleanliness. Of these samples, 40 were grade 1, one was grade 2, two were grade 3 and two grade 4.

Twenty of the samples were from three local manufacturers and of these, nineteen were grade 1 and one was grade 3.

The two grade 4 samples and one of the grade 3 samples were from nationally made bulk supplies sold in restaurants and the cleaning of the serving equipment was at fault. Advice on proper cleansing was given and follow-up samples were grade 1.

	1968	1967	1966	1965	1964
Grade 1	40	36	43	44	38
Grade 2	1	6	2	4	6
Grade 3	2	3	2	-	13
Grade 4	2	-	2	4	8



## Poultry

Although there are no poultry processing establishments in the City, the sale of poultry has, in common with most areas of the country, increased rapidly over the last few years. Poultry is found on sale at supermarkets, small grocers and butchers shops, and at the General Market. For its size Canterbury has a large number of catering establishments of varying nationality and most of them have chicken in some form or other on the menu. There is no evidence that sub standard or diseased birds are disposed of to the catering trade.

One of the Public Health Inspectors attended a three day course on all aspects of the poultry industry which was organised in collaboration with the Ministry of Health.

## Imported Food Regulations 1968

On 1st August these Regulations came into force placing the responsibility for inspection of imported food on inland authorities in certain circumstances. Where a port health authority considers it expedient that examination of any food should be deferred until it reaches the area of another authority, or where customs examination of any food has been deferred until it reaches the area of another authority, the port health authority is required to notify the local authority of the area concerned of the pending arrival of the food, and that authority shall be responsible for the inspection of the food.

So far the only notifications received from port health authorities have been in respect of beef from the Republic of Ireland consigned to three meat depots in the City. In these cases the beef has been cleared by customs at the port, but it has not been possible for adequate inspection to be carried out by the port health authority. The notifications have been received from four different authorities and the beef arrives in each case by road in sealed containers. All consignments examined were found to be in a satisfactory condition.

It is thought, so far as Canterbury is concerned, that notifications under the Regulations will be restricted to meat and meat products.

## Inspection of Food

Meat from the Council owned Abattoir is distributed over most of Kent and into adjoining counties.

No slaughtering took place on Sundays, but there is no restriction on hours of slaughter on other days of the week.

Since the Abattoir was opened in February 1953, no fewer than 723,996 animals have been slaughtered and every one has been inspected according to the exacting criteria laid down by the Ministry of Agriculture, Fisheries and Food. During 1968 more animals - 53,413 - were slaughtered than in any previous year.

The average killed over the three five-yearly periods has been

1954-58	...	...	...	39,007
1959-63	...	...	...	46,672
1964-68	...	...	...	52,287

For the first time no part of any bovine carcass had to be condemned on account of tuberculosis.

During the year five cattle which had reacted to the tuberculin test carried out by Ministry veterinary surgeons were sent for slaughter. This is the lowest number since the slaughter policy was adopted in 1958 and none of the animals showed evidence of tuberculosis macroscopically.

During the year the Brucellosis (Accredited Herds) Scheme came into operation. Under this Scheme animals which have a positive reaction to the official Brucella blood test are sent for slaughter in much the same way as tuberculosis reactors. There were twelve such animals slaughtered during the year.



A feature of the trade at the Abattoir has been the rapid increase in the number of carcasses that are cut into comparatively small joints before sale. This is to meet the modern demands of the retail meat trade, a demand which has recently increased extensively. Unfortunately the Abattoir was not designed for this type of trade, there being no rooms suitable for use as cutting rooms. The cutting is at present carried out on the loading dock, a situation which leaves much to be desired. As a result of representations, plans are being prepared to provide suitable cutting rooms which will comply with the Hygiene Regulations.

During the year the Council decided that all unsound meat from the Abattoir should be disposed of to a firm of fertiliser manufacturers, no unsound meat is now used for animal feeding.

	Cattle Excluding Cows	Cows	Calves	Sheep	Pigs
Number killed ... ..	7,493	546	1,066	20,463	23,845
Number inspected ... ..	7,493	546	1,066	20,463	23,845
Figures for 1967 ... ..	8,143	700	1,148	20,756	19,664
Figures for 1966 ... ..	7,531	1,113	1,232	22,075	21,375
<u>All diseases except T.B. and Cysticercus Bovis</u>					
Whole carcasses condemned ...	7	5	20	39	54
Carcasses of which some part or organ was condemned ... ..	3,442	311	27	2,617	5,441
Percentage of the number inspected with diseases other than T.B. or Cysticercus Bovis ... ..	46.03	57.85	4.41	12.98	23.04
<u>Tuberculosis only</u>					
Whole Carcasses condemned ...	-	-	-	-	-
Carcasses of which some part or organ was condemned ...	-	-	-	-	744
Percentage of the number affected with T.B. ... ..	-	-	-	-	3.12
<u>Cysticercus Bovis</u>					
Whole carcasses condemned ...	-	-	-	-	-
Carcasses of which some part or organ was condemned ... ..	9	-	-	-	-
Percentage of the number affected with Cysticercus Bovis ...	.12	-	-	-	-

# CARCASES FOUND TO BE UNFIT

B = bovines, C = calves, S = sheep, and P = pigs

	B	C	S	P
Septicaemia/Pyae mia	1	4	-	20
Septic Pneumonia/Pleurisy/Peritonitis/ Pericarditis/Metritis	3	5	5	11
Pregnancy Toxaemia	-	-	7	-
Swine Erysipelas	-	-	-	6
Jaundice	-	2	-	-
Uraemia	-	-	-	3
Johne's Disease	1	-	-	-
Generalised Lympho-sarcoma	1	-	-	-
Multiple Tumours	1	-	-	-
Acute Urticarial Anaphylaxis	1	-	-	-
Moribund	-	6	1	1
Oedema and Emaciation	3	1	23	6
Immaturity	-	2	-	-
Injuries with complications	1	-	3	6
Extensive Bruising	-	-	-	1
Totals	12	20	39	54

Parts of carcasses and offal found to be unfit on account of:-

Tuberculosis	...	...	...	...	...	7,428 lbs.
Fascioliasis	...	...	...	...	...	43,219 lbs.
Cirrhosis	...	...	...	...	...	485 lbs.
Abscesses	...	...	...	...	...	3,611 lbs.
Pneumonia, Pleurisy, Pericarditis and Peritonitis	...	...	...	...	...	3,662 lbs.
Actinomycosis	...	...	...	...	...	1,940 lbs.
Cysts and parasites	...	...	...	...	...	11,422 lbs.
Cysticercus Bovis	...	...	...	...	...	907 lbs.
Miscellaneous	...	...	...	...	...	4,915 lbs.
						<u>77,589 lbs.</u>
Weight of carcasses condemned	...	...	...	...	...	<u>12,365 lbs.</u>
Total weight	...	...	...	...	...	<u>89,954 lbs.</u>

A detailed examination of every bovine carcass was made to discover the presence of *cysticercus bovis* which is the larva state of the tape worm *taenia saginata* found in man. The latest instructions from the Ministry of Agriculture, Fisheries and Food have suggested to local authorities that if only one non-viable cyst is found in an animal the whole carcass need not be subjected to the refrigeration treatment, but only the infected organ or part condemned. Those cases mentioned in the table below therefore apply only to animals where viable cysts were found and the carcasses were refrigerated for the stipulated period.

Site of Lesion	Cows	Heifers	Steers	Bulls
External Masseter ... ..	-	-	6	-
Heart ... ..	-	1	-	-
Diaphragm ... ..	-	-	1	-
External and Internal Masseter and Heart ... ..	-	1	-	-

### Offices, Shops and Railway Premises Act 1963

With over four years of enforcement of the Act completed all registered premises in the City have now been inspected and work has settled down to routine inspection and reinspection. During the year 252 general inspections were carried out and 209 reinspections made in order to check on work requested during general inspections. At the end of the year there were 640 registered premises in the City with 5,810 persons employed therein.

As in previous years employers generally carried out work promptly when requested and many improvements in working conditions were effected. The City Council did however have to take its first prosecution under the Act in respect of a broken stair tread in a retail shop. The stair tread had remained broken for a year despite numerous requests for its repair. The proprietor was found guilty and fined £10 with £3. 3s. 0d. costs.

The number of accidents reported on Form O.S.R.2 continues to drop, 32 in 1965, 35 in 1966, 20 in 1967 and 16 in 1968. Although it is still thought that not all accidents are reported, it does appear that the work carried out in order to help prevent accidents is having some effect. All of the accidents reported were of a minor nature, 11 were investigated and in two cases recommendations were made with a view to avoiding further accidents in the future.

Towards the end of the year a start was made on inspecting lifts to ensure compliance with the Offices, Shops and Railway Premises (Hoists and Lifts) Regulations 1968 which come into force in 1969. These Regulations impose safety requirements similar to those that have applied to lifts in factories for a number of years. They apply to all types of lifts ranging from fully automatic passenger lifts down to hand operated service lifts in restaurants. It is estimated that there are about 50 lifts covered by the Regulations in Canterbury. In addition to the inspection of lifts by the local authority, the Regulations require that all mechanically powered lifts must be thoroughly examined by a competent person once in every period of six months and all hand operated lifts must be thoroughly examined by a competent person once in every period of twelve months. The examination reports must remain available for inspection by the local authority inspectors for at least two years. The 'competent persons' will normally be insurance company lift engineers or service engineers from lift manufacturing companies. Since the Act came into force in 1964 only one accident involving a lift has been reported in Canterbury, and this resulted in a sixteen year old boy sustaining broken bones in his right foot. While the boy was travelling in the lift his foot protruded through a defective part of the bottom of the lattice gate to the lift cage and caught against an obstruction in the lift shaft.



## Public Houses

All the 76 public houses have proper glass washing facilities and adequate sanitary accommodation.

Defects of a minor nature were found in ten licensed premises during routine inspections and the owners were notified.

Four public houses closed during 1968.

Each year more occupiers sell food other than beer etc. and the Inspectors pay attention to this and particularly to those who sell such items as hot pies etc. It is most important that such food should be heated quickly to 140°F. pending sale and not kept at temperatures in the region of 100°F. if food poisoning is to be prevented.

Another equally important "do not" is that pies should not be re-heated by the retailer. Chaucer showed sound public health common sense when more than 580 years ago he wrote in the preamble to the Cook's Tale in his Canterbury Tales:-

"Now tell on, Roger, look that it be good;  
For many a pasty hast thou drawn blood,  
And many a Jack of Dover<sup>I</sup> has thou sold,  
That has been twiés not and twiés cold;  
Of many a pilgrim hast thou Christé's curse,  
For of thy parsley yet they fare the worse,  
For they have eaten with thy fatted goose;  
For in thy shop is many a flyé loose."

<sup>I</sup> Reheated pie.

## Clean Air Act

The measurement of atmospheric pollution at our three stations continued throughout the year. Canterbury continues to play its part in the national scheme for the measurement of air pollution. We have now completed three years of measurement and the pattern of pollution in Canterbury is becoming more apparent.

The table below shows six-monthly readings for three winter and two summer periods.

The figures illustrate the pattern that is common throughout the country. The smoke figures are falling appreciably but the sulphur dioxide figures show a less dramatic fall.

	Northgate		Stour Street		London Road	
	Smoke	Sulphur Dioxide	Smoke	Sulphur Dioxide	Smoke	Sulphur Dioxide
Winter 1965/66	83	79	66	92	77	75
Winter 1966/67	59	69	54	95	60	73
Winter 1967/68	58	69	47	91	64	78
Summer 1966	21	43	21	69	23	47
Summer 1967	16	42	19	74	21	48

During the year the Council agreed on the making of three Smoke Control Orders in the City - the Folly Farm area, the Military Road area and the Whitstable Road area. These areas consist of land which is about to be developed and no existing houses are included. The first two come into operation on the 1st June 1969 and the remaining one on the 1st September 1969. The effect of the Smoke Control Order is that if smoke is emitted from the chimney of any building, including domestic buildings, within the area the occupier is guilty of an offence. This means that in a smoke control area only approved smokeless fuels are allowed to be burned.

## Noise Abatement Act 1960

Complaints regarding nuisance from noise were few during the year and were of a minor nature. The noise level meter was used from time to time to check the noise emanating from a factory about which complaints had been received in the past. The readings were all satisfactory. Co-operation with the University Surveyor's Department has led to the use of our sound level meter in helping to solve noise problems in buildings at the University.

## Feral Pigeons etc.

These birds are tame pigeons which have gone wild and their progeny, plus the native "blue rocks".

Their overall number in the City is undoubtedly more than last year, but in the Longmarket, particularly at the end of the year, they were not so numerous. It is in this area that the Department staff has spent more time and used more traps than hitherto. Five hundred and thirteen pigeons were trapped in this one area in 1968.

Notwithstanding the improvement in the Longmarket, there is still much to be done if the fouling of the pavement in this pedestrian precinct is to be reduced to minimal proportions. The slippery conditions caused by pigeon droppings and fragments of bread left on the pavement in wet weather is a real hazard to the elderly and infirm.

It is perhaps appropriate to mention that expressions of appreciation are now being received that more efforts are being made to reduce the number of pigeons in the Longmarket. Action is being taken on public health grounds, but it will also mean that the public will enjoy more this very pleasant shopping area which is free from motor vehicles.

It has been noticed that there are many more collared doves in the City than in previous years, but so far they have not been troublesome in areas where people congregate for shopping or pleasure.

## Caravans

The City Council own and operate a caravan site for tourists which has been very popular since it opened early in the year.

There is no site for gypsies and "didicois" who stop in the town, usually for short periods in the winter months, when there is no demand for seasonal labour by farmers in the rural areas. The parking is unauthorised by the owners of areas chosen for parking by these travellers and it has been the policy to effect removal usually by persuasion, on the grounds that if parking is permitted, the area surrounding the caravans frequently becomes a health hazard by reason of the dumping of rubbish and the absence of sanitary accommodation. This problem, although it recurs each winter, is fortunately a minor one and seldom are more than six caravans involved.

It is realised that the policy of moving the travellers on is not the answer to the problem which can only be solved satisfactorily by the setting up of properly equipped and supervised sites at strategic points and for all other unauthorised use of land by these travellers to be strongly resisted.

## Diseases of Animals Acts

Seven licences granted by the Council under the Diseases of Animals (Waste Foods) Orders, 1957, for the boiling of waste food for feeding to pigs were in operation at the end of the year.

## Slaughter of Animals Act, 1958

The Council issued 11 slaughterman's licences during the year.

The requirements of the Act which are designed to eliminate as far as possible cruelty to animals during slaughter are strictly complied with.

No Jewish or Mohammedan methods of slaughter are carried on in the City.



## Rodent Control

Complaints were received in connection with 200 premises, 149 in respect of private houses, 30 business premises, 16 local authority properties and five agricultural properties. During the investigations 11 of the properties were found not to be infested, but 18 infestations in neighbouring properties were discovered.

				Visits to houses	...	...	750
				Visits to other premises	...	...	317
<u>Number of premises cleared</u>							
<u>Rats</u>							
				Houses	...	...	124
				Business premises	...	...	27
				Other premises	...	...	14
<u>Mice</u>							
				Houses	...	...	22
				Business premises	...	...	13
				Other premises	...	...	7

Two maintenance treatments of the sewers were carried out and it is apparent that the number of rats in the sewers is now very low and we can now look forward to the time when the sewers in Canterbury will be rat-free.

The number of rat complaints showed a decrease for the first time for several years and this is an encouraging sign. Warfarin, an anti-coagulant, is still the poison used by the Department and fortunately there has been no sign in Canterbury of rats showing resistance to Warfarin, but it was learned towards the end of the year that in one place in Kent Warfarin resistant rats had been encountered. The position here is being very carefully watched to ensure that there is no sign of resistance to Warfarin in rats.

Mice complaints were slightly higher than in the previous year. We are now using a narcotic to deal with mice and this has so far proved successful.

## Prescribed Particulars on the Administration of the Factories Act, 1961

### (1) Inspections for purposes of provisions as to health

Premises (1)	Number on Register (2)	Inspections (3)	Written Notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities.	18	11	-	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	160	10	1	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	15	6	2	-
	193	27	3	-



## (2) Cases in which defects were found

Particulars  (1)	Number of cases in which defects were found				
	Found (2)	Remedied (3)	To H.M. Inspector (4)	By H.M. Inspector (5)	Number of cases in which prose- cutions were instituted (6)
Want of cleanliness ... ..	-	-	-	-	-
Overcrowding ... ..	-	-	-	-	-
Unreasonable temperature ...	-	-	-	-	-
Inadequate ventilation... ..	-	-	-	-	-
Ineffective drainage of floors...	-	-	-	-	-
Sanitary Conveniences:					
(a) Insufficient ... ..	1	-	-	-	-
(b) Unsuitable or defective ...	2	2	-	-	-
(c) Not separate for sexes ...	-	-	-	-	-
Other offences against the Act (not including offences relating to Outwork) ... ..	-	-	-	-	-
TOTAL	3	2	-	-	-

## Part VIII of the Act. Outworkers

Nature of work  (1)	No. of out- workers in August list required by Section 133 (1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecu- tions for failure to supply lists (4)	No. of instances of work in unwhole- some premises (5)	Notices served (6)	Prose- cutions (7)
Wearing) Making apparel ) etc.	12	-	-	-	-	-
) Cleaning and Washing	-	-	-	-	-	-
Lace, lace curtains and nets	-	-	-	-	-	-
Curtains and furniture hangings	-	-	-	-	-	-

## REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER 1968

Mr. Chairman, Ladies and Gentlemen,

The Sheldon Committee report on Child Welfare Services stresses the need for close integration of the Child Health Service with the School Health Service to ensure that both form a continuous system of care for the health and development of the child and the early recognition of defects which will handicap that progress. The use of the same medical and nursing staff in the present separate services encourages this. The more obvious physical and mental handicaps are already recognised and assessed before school entry. But the school years provide opportunities for reassessment against the pressures of learning and living independent of continuous home support, and such periodic reassessment during schools years is essential. The development of equipment and skills in early recognition of defects arising from illness in the pre-school and school years, have enhanced the routine health, including dental health, care. It is also important that the parents of the handicapped child should be helped and counselled to understand the difficulties that the child may have in competition with its companions and with learning. Co-ordination of the advice given by family doctor, consultant and the school health staff is needed if hopes and aspirations are to remain real and false fears are to be avoided. Guidance for the teachers, whose tolerance of difficulties is admirable, is equally important.

The routine of medical inspection and its follow through of departures from health found in the children must be appreciated as the screening out of children who need and will benefit from such continuing attention. Vocational guidance and settlement into employment or further training subsequently crowns this care during the school years and hands to the Welfare Department the need for the community's continuing concern for the handicapped person.

It is perhaps understandable that heads of schools in the City would like to have medical records kept in the school with the child's educational records, to be available for guidance as occasion arises. Such a view is influenced by arrangements in rural county areas where for convenience this may be so. In such cases however medical details of handicapped children are kept separately in a duplicate system. We have always maintained in the Canterbury School Health Service that the child's medical records are confidential documents with access limited to those concerned with the health of the child and on this attitude depends the willingness of family doctors and specialists to share medical information with us for the benefit of the child. But such protection of medical records places on the School Health Service a need for ready communication of advice to the heads of schools on the consequences of or special needs arising from defects of health and this need has been receiving special attention.

The value of the Child Guidance Service has always been appreciated for the help it gives with the emotional problems of child or parent that hinders education or disturbs behaviour. Dr. Fraser's service with its backing of hospital accommodation for short term observational care has proved of great benefit. We are fortunate in having this and the adolescent unit under Dr. Turle in our district. The School Psychological Service running in parallel with the Child Guidance Service completes the full cover for emotional and intellectual problems.

The Principal Dental Officer's report is included as a separate section, and it is most satisfactory that Mr. West has uplifted the standard of the school dental service well above the minimum standard expected of us by the Department of Education and Science, and this despite difficulties of staffing.

General Information. Eleven Primary and 5 Secondary Schools come within the City School Health Service. Those on the School Rolls at the end of 1968 numbered -

Primary	2,834
Secondary	2,664

Total 5,498

(These numbers do not include the Simon Langton Grammar Schools which although within the City come under the County School Health Service).



Pupils examined (full routine)	Primary	426
	Intermediate	290
	Leavers	720
	Total	1,436
Reviewed without examination		360 (Intermediate)

Thus a third of all pupils were submitted to a routine medical examination or review of health during the year. A similar number were brought in for special medical inspection as a follow-up of previous examinations. Half the number of pupils submitted to routine medical examination showed some defect requiring treatment or further observation, but this figure is not as bad as it seems because the actual number requiring treatment was 260 of whom 168 required treatment for vision only and 92 for defects other than vision. The general physical condition of the pupils was good and in only 1 case did this call for particular attention in itself. This category of defect is however the most variable in its assessment.

Audiometry is carried out on all school entrants by the school nurse with follow up of all doubtful findings by the medical officer.

197 additional special examinations were carried out.

65 were referred to the family doctor because of hearing defect.

Of those 65, 21 were treated by the family doctor - 44 were deemed to require E.N.T. Specialist opinion. Of these 44, 18 have had operative treatment. 12 are on the waiting list for operative treatment - 10 are under observation or having treatment. 4 were found to have a permanent defect in one ear - the appropriate schools were notified and these children are observed annually at the request of the E.N.T. Specialist to ensure that the good ear is remaining efficient.

Any child who does not achieve an audiogram showing the hearing level to be within normal is observed by audiometric assessment annually or bi-annually.

Tonsils-Adenoids. A conservative attitude is maintained on defects in this region, recognising that pre-school enlargement found on school entry is a defensive reaction and not a chronic state. Twenty-one pupils were known to have had operative treatment on tonsils and/or adenoids during the year and 3 for other nose and throat conditions, with 12 on the waiting list for operation.

Speech Therapy. The Senior Speech Therapist (Miss Joan Pollitt) in the Kent County Service which we are fortunate to be able to use for City cases, has provided the following information on school cases and also on the help given to the Canterbury Training Centre.

(a) This report relates to Canterbury City children referred to the County's Speech Therapy Services.

The number of children referred to the service is 50, of whom 23 are awaiting appointments at the Whitstable Road Speech Therapy Clinic, 12 continue to be seen at that clinic, 25 have been "closed" during the year.

The cases of 25 children have been closed for the following reasons:-

Satisfactory progress	13
Left district or for other reason treatment incomplete	3
Transferred for treatment elsewhere	2
Consultation only	1
Found improved when seen	1
Reported improved and therefore appointments cancelled	3
Left school or district prior to appointments being offered	2
	<u>25</u>



Unfortunately both full time Speech Therapists resigned their appointments during the summer of 1968; Miss Umpleby left Canterbury to live abroad following her marriage and Miss Mogford left the City to do a graduate course in psychology at Bristol University. Miss Sweet took up her duties in August 1968. The post of a second Speech Therapist within the County services at Canterbury continues to be advertised but, so far, without any applications being received. This state of affairs unfortunately means the waiting list was moving very slowly at the end of the year.

(b) Mrs. Charlesworth has continued to visit the Canterbury Training Centre regularly. She has made 33 visits during the year and has dealt with 12 children. She has reported as follows:

"I have continued to see the children individually, in groups of two and three and in the class situation.

It has also been possible to see the parents of some of the children, and to discuss in some detail the nature and development of their child's speech and language. This I feel has been particularly valuable.

There has been an improvement in the articulation and language ability of several of the children - this could well be at least partly due to the greater awareness by the staff of the need for speech stimulation and encouragement. The regular visits of a Speech Therapist help to focus attention on this aspect of the children's development and potential.

The co-operation and active help of the staff in all matters has been much appreciated.

Towards the end of 1968 plans were started to make use of a small lobby at the Centre as a more suitable place for me to see the children."

#### Placement Panel (Partially Hearing, Speech, etc.)

We continued to have the benefit of this panel which brings together hospital consultants and the educational and school health staff concerned with special cases to discuss the educational placement and supportive aid required by the child and parents. It is a pity that this mode of periodic assessment cannot be extended to other handicaps.

Bed Wetting. The clinic support for these children in difficulties continued and 18 cases were loaned the bell warning system with school nurse visits to establish the home routine. The results reported were 8 cured, 2 improved, 4 failed, 4 still in use.

Minor Ailments. There was little change in the number or types of cases helped. The family doctors seemed still to find the service useful and to refer cases. Treatments given 2,704.

Artificial Sunlight. This clinic is held only in the winter and spring terms. Forty sessions were held and 13 cases referred made 299 attendances.

School Milk. At the end of the year 2,507 pupils were receiving school milk.

Ascertainments. Five new cases were ascertained as requiring Special Education as educationally subnormal. Forty-eight E.S.N. pupils were on the register at the end of the year of whom 15 were in residential special schools, 16 required day special schooling, 5 awaited placement in residential schools, and in 1 case such placement was refused by the parents. The Secondary Schools still carry a load of educationally subnormal pupils who will benefit from the development of the day special school planned for the City.

The position on other handicapped pupils is shown in one of the tables on the following pages on School Health Supervision and on the year's work in the Child Guidance Clinic.

MALCOLM S. HARVEY

Principal School Medical Officer

TABLE S. 1

Defects found by Medical Inspection in the year ending 31st December 1968

Defect Code No.	Defect or Disease  (1)	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment  (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment  (4)	Requiring to be kept under observation, but not requiring treatment (5)
4	Skin ... ..	10	45	10	32
5	Eyes (a) Vision	179	202	360	337
	(b) Squint	4	5	2	5
	(c) Other	4	20	8	7
6	Ears (a) Hearing	14	61	47	257
	(b) Otitis Media	5	5	-	2
	(c) Other	-	1	-	1
7	Nose and Throat	10	30	3	34
8	Speech ... ..	4	12	2	13
9	Cervical Glands ...	1	3	1	3
10	Heart and Circulation	4	9	1	9
11	Lungs ... ..	8	17	-	28
12	Developmental -				
	(a) Hernia ... ..	1	-	-	2
	(b) Other ... ..	8	15	3	19
13	Orthopaedic -				
	(a) Posture ... ..	3	23	1	10
	(b) Flat foot ... ..	3	12	5	14
	(c) Other ... ..	10	14	2	16
14	Nervous System -				
	(a) Epilepsy ... ..	3	6	-	1
	(b) Other ... ..	1	18	2	17
15	Psychological -				
	(a) Development ...	2	5	1	15
	(b) Stability ... ..	4	28	1	14
16	Abdomen ... ..	-	8	-	6
17	Other ... ..	-	1	-	3
Total Number of Children Inspected ... ..		1,436		1,445	
Number of Children represented in figures above ... ..		723		1,426	

NOTE - All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of inspection.

TABLE S.2.  
MINOR AILMENTS TREATED  
(excluding Uncleanliness shown in Table S.5)

									<i>No. of Defects Treated or under Treatment during the year</i>
SKIN:									
Ringworm - Scalp:									
(1) X-ray Treatment	...	...	...	...	...	...	...	...	-
(2) Other treatment	...	...	...	...	...	...	...	...	-
Ringworm - Body	...	...	...	...	...	...	...	...	2 (G.P. treated)
Scabies	...	...	...	...	...	...	...	...	-
Impetigo	...	...	...	...	...	...	...	...	2
Other skin diseases	...	...	...	...	...	...	...	...	315
EYE DISEASES	...	...	...	...	...	...	...	...	55
(External and other, but excluding errors, refractions, squint and cases admitted to hospital)									
EAR DEFECTS	...	...	...	...	...	...	...	...	28
(Treatment for serious diseases of the ear is not recorded here)									
Miscellaneous	...	...	...	...	...	...	...	...	410
									810
Total number of attendances at Authority's minor ailments clinics	...	...	...	...	...	...	...	...	2,704

TABLE S.3.  
TREATMENT OF DEFECTIVE VISION AND SQUINT  
(Excluding Minor Eye Defects treated as Minor Ailments)

Errors in Refraction and Squint dealt with	...	...	...	...	414
Other Defects or Diseases of the Eye	...	...	...	...	-
No. of Children for whom spectacles were known to be prescribed	...				239

TABLE S.4.

Defects which received operative treatment (through Education Committee arrangements)	...	...	...	...	...	...	-
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TABLE S.5.  
GENERAL HYGIENE

(1) Average number of visits per school made by School Nurses	...	43
(2) Home visits made as School Nurses	...	644
(3) No. of individual children found with nits	...	11
(4) No. of individual children cleansed under Section 54 of the Education Act, 1944	...	-
(5) No. of cases in which legal proceedings were taken	...	-
(6) Total individual examinations of pupils in school by School Nurse		22,130

### Handicapped Pupils

Each mentally or physically handicapped pupil is discussed with the Vocational Guidance Officer in the pupil's thirteenth year. If there are special details in aptitude or difficulties these can be considered with the Vocational Guidance service in the locality of the special school where it is at a distance from Canterbury. Individual cases of physical handicap are discussed with the consultants concerned. So far the assessment panel procedure is limited to those with hearing and speech defects.



# Handicapped Pupils

	On Register		Newly assessed as needing special education at treatment at Special Schools	Newly Placed in Special Schools	Newly Placed (Assessed prior Jan. 1968)	Requiring Special Schools (a) Day (b) Boarding	Under 5 Requiring Special Schools	Reached 5 Parents refused Special Schools (a) Day (b) Boarding	On Registers Boarding Schools		
	Male	Fem.							Main-tained Schools	Non-Main-tained Schools	Independent Schools
Blind ..	-	-	-	-	-	-	-	-	-	-	-
Partially sighted ..	1	-	-	-	-	-	-	-	-	1	-
Deaf ..	2	-	-	-	-	-	-	-	-	1	-
Partially hearing ..	1	-	-	-	-	-	-	-	-	-	-
Physically Handicapped	4	3	1	-	-	-	-	-	-	2	-
Delicate ..	4	2	2	1	1	(b) 1	-	-	1	2	-
Maladjusted	6	6	6	4	2	(b) 2	-	-	2	6	-
E.S.N. ..	23	25	5	-	-	(a) 16 (b) 5	-	(b) 1	9	6	-
Epileptic ..	-	1	1	1	-	-	-	-	-	1	-
Speech Defects ..	-	-	-	-	-	-	-	-	-	-	-

## REPORT OF THE PRINCIPAL DENTAL OFFICER 1968.

Madam Chairman, Ladies and Gentlemen,

Despite serious staff shortages, the Public Dental Service in Canterbury has shown further great improvement both in the School Dental Service and in the treatment of pre-school children.

It is still the shortage of staff both Clinical and Clerical which is preventing the full development of the Service. We have not so far been able to appoint a suitable full-time Dental Officer and it is considered unlikely that one can now be appointed before September, 1969. However, Mr. Watson joined the staff on a part-time basis at the end of January working a 4 sessions/week, and has put in some very hard work, thus contributing to the large increase in the amount of conservative treatment during the year. Mr. Cogan, whose sessions had been reduced to 1/week left the City at Easter to return to full-time N.H.S. work in the North. We were very sorry to lose him and we thank him for his valuable contribution to the development of the Dental Service in Canterbury. He had been working for the Authority part-time for 2 years.

The shortage of clerical staff still causes great problems and much needed chairside time has to be sacrificed in order to get through the mounting routine paper work. Mrs. Howard, our part-time clerk left us in October, and Mrs. Aslett was appointed in her place.

An outstanding event this year was the visit in October of the General Dental Council's Dental Health Education Caravan to the City. The Principal Dental Officer and Mrs. Greenstreet, the Dental Surgery Assistant toured the Schools giving demonstrations and lectures on various aspects of Dental Care and Hygiene to groups of children mainly in the 10 - 12 age groups. Also included in the visit was a Public Exhibition for 1 afternoon outside the Canterbury Co-Op, and a demonstration for expectant mothers attending relaxation classes at the Central Clinic, Stour Street.

### (a) SCHOOL DENTAL SERVICE

This service has improved greatly during the year and is now well past the minimum standard set by the Department of Education and Science. The volume of conservative treatment has risen by 34% on the previous year to 5.71 fillings/sessions, yet, despite this some patients are still having to wait 3 to 6 months after being examined at school before receiving treatment, though very urgent cases are treated immediately. We have however, improved our recall system; patients under 10 years are recalled every 4 months and those over 10 years every 6 months. This is still inferior to the levels acceptable in the General Dental Service, but is hoped that we can rectify this when a full-time Dental Officer is appointed.

Because of the demand on the Service we have unfortunately been unable to attend all the schools in Canterbury for routine dental examination, and have had to omit Frank Hooker Secondary School which accounts for 950 school children, although the majority of those who attend regularly from this school have been treated through the recall system.

On examination it was found that 70% of all children required some form of dental treatment. The demand on the service has risen yet again and we now treat 34.5% of all the children in the City schools regularly - an increase of 4.33% on last year.

The number of teeth filled has risen to 3,115 as against an average of 731 per year for the period 1955-1965. The number of teeth extracted has shown a marked drop, a large number of them being extracted purely for Orthodontic reasons.

Orthodontic treatment has been expanded during the year, 55 new patients being treated in addition to the 27 carried over from the previous year. 34 cases were completed and 10 had to be discontinued either through poor attendance or through the patient leaving the district.

One very disappointing aspect has been the continuing poor attendance rate. Approximately 20% of patients failed to keep their appointments, and of these half did not reply to reminder cards.

## Attendances and Treatment

	Ages 5-9	Ages 10-14	Ages 15 & over	Total
First visit ... ..	689	577	156	1,422
Subsequent visits ... ..	1,178	1,621	401	3,200
Additional Courses of Treatment ... ..	146	129	29	304
Total visits ... ..	2,013	2,327	586	4,926
Filling in Deciduous Teeth ... ..	968	113	-	1,081
No. of Deciduous Teeth Filled ... ..	886	104	-	990
Deciduous Teeth Extracted ... ..	812	224	-	1,036
Fillings in Permanent Teeth ... ..	529	1,460	462	2,451
No. of Permanent Teeth Filled ... ..	397	1,297	431	2,125
Permanent Teeth Extracted ... ..	47	211	56	314
General Anaesthetics ... ..	418	203	25	646
Emergencies ... ..	36	15	1	52

No. of Pupils X-rayed ... ..	71
Prophylaxis ... ..	263
Teeth otherwise conserved ... ..	25
No. of teeth root filled ... ..	26
Inlays ... ..	Nil
Crowns ... ..	Nil
Apicectomies ... ..	Nil
Gingivectomy ... ..	1
Courses of treatment completed ... ..	1,180
General anaesthetics administered by Dental Officers	36

## Orthodontics

Cases remaining from previous year ... ..	27
New Cases commenced during year ... ..	55
Cases completed during year ... ..	34
Cases discontinued during year ... ..	10
No. of removable appliances fitted ... ..	90
No. of fixed appliances fitted ... ..	Nil
Pupils referred to Hospital Consultant ... ..	Nil

## Prosthetics

	Ages 5-9	Ages 10-14	Ages 15 & over	Total
Patients supplied with full upper or full lower dentures	-	-	1	1
Patients supplied with partial dentures	-	6	3	9
No. of Dentures supplied	-	6	4	10



## Inspections

First Inspection at School: No. of Pupils	4,520
First Inspection at Clinic: No. of Pupils	531
Number found to require treatment	3,539
Number offered Treatment	2,280
Pupils re-inspected at School or Clinic	178
Number found to require Treatment	143

## Sessions

Sessions Devoted to Treatment	546
" " to School Inspections	26
" " to Administration	32
" " to Dental Health Education	19

## (b) MATERNITY AND CHILD WELFARE SERVICES

The treatment of pre-school children has been developed much further and the number coming forward for treatment has increased, though the problem of dental disease among these children is only being tackled marginally. Until regular check-ups of children can be carried out from 3 years old upwards, the number of children entering school with grossly carious mouths will continue to be a grave problem. Again this can only be tackled in sufficient depth when adequate dental and ancillary staff is available. Fluoridation of water supplies or the systemic intake of Fluoride in tablet form from birth to at least the start of secondary education would do much to alleviate the problem.

The number of expectant and nursing mothers presenting for treatment continues to fall. This is probably as a result of family doctors carrying out more of the ante-and post-natal care of the mothers than hitherto and to a more general awareness of good dental health, so that the mothers attend dental surgeons in general practice for regular routine check-ups, and do not wait until they are pregnant before paying attention to their own dental care.

A most encouraging feature is that in both the pre-school and expectant and nursing mother sections the number of teeth filled exceeds the number of teeth extracted for the first time - the number of fillings in pre-school children being 3 times higher than last year.

	No. Inspected	No. Offered Treatment	First Visits	Subsequent Visits	Total Visits	Additional Courses of Treatment Commenced
Expectant and Nursing Mothers	22	22	24	42	70	4
Children 0-4	73	62	80	119	216	17

	No. of Teeth Filled	No. of Teeth Extracted	General Anaesthetic	Prophylaxis	Teeth Root Filled	Teeth Otherwise Conserved
Expectant and Nursing Mothers	36	25	25	5	1	Nil
Children 0-4	106	77	28	Nil	Nil	3

	Crowns and Inlays	X-Rays	Dentures			
			Patients supplied with Partial Dentures	Patients supplied with full Uppers or Lower	No. of Dentures Supplied	No. of Courses Completed
Nursing and Expectant Mothers ...	Nil	2	1	1	4	12
Children 0-4 ...	Nil	Nil	Nil	Nil	Nil	73

General anaesthetics administered by Dental Officers ... 2  
No. of equivalent full-time sessions ... 43

### (c) JUNIOR TRAINING CENTRE

A visit to the Junior Training Centre was made in February 1968, details of which are given below. A larger number of pupils were found to require treatment this year, and twice as many parents accepted treatment on behalf of their children. Subsequently, it has taken longer to get the necessary treatment completed; the details being included in those for the school dental service. We are still unable to visit the centre every 6 months as we hoped owing to pressure of work in all sections of the service, but again, this should improve with increased staff. Once more I would like to thank both the staff of the centre and the parents of the children for their co-operation.

No. inspected	...	...	...	...	...	34
No. fit	...	...	...	...	...	13
No. unable to examine	...	...	...	...	...	5
No. absent	...	...	...	...	...	6
No. offered treatment	...	...	...	...	...	26
No. accepting treatment	...	...	...	...	...	25

# CHILD GUIDANCE CLINIC ANNUAL REPORT 1968

## SOURCE OF REFERRAL

	1968		1967	
	County	City	County	City
School Medical Officer ... ..	15	9	11	19
Private Doctor ... ..	40	20	38	15
Juvenile Court Probation Officer	8		7	3
Parent or Foster-Parent	12	7	10	10
Educational Psychologist/School	50	16	17	6
Other Clinics or Psychiatrists ...	6	2	19	5
Miscellaneous Social Agencies, including Children's Officer, Infant Welfare Clinics, etc. ...	11	2	7	3
	142	56	109	61
	198		170	

## DIAGNOSTIC WAITING LIST

31.12.1968		31.12.1967	
County	City	County	City
74	33	23	19

## NEW CASES DIAGNOSED

	1968			1967		
	County	City	Out of Area	County	City	Out of Area
Taken on for Treatment	60	30	2	67	31	1
Remedial Coaching	8	1		6	3	
Diagnosis and Advice	12	1		15	8	
	80	32	2	88	42	1
	114			131		

## RESULT OF REFERRAL

	1968			1967		
	County	City	Out of Area	County	City	Out of Area
Improved	23	9		32	15	1
Placed at residential school	8	1		12	3	
Unco-operative	3			6	4	
Moved and case transferred to authority in new locality	8	2	1	9	5	
Case withdrawn after partial service	4	5		9	9	
	46	17	1	68	36	1
	64			105		



## STAFF

HEALTH DEPARTMENT, 15a Dane John. Tel. No. 64411.  
Pedestrian access from Dane John Gardens. Car Park off Worthgate Place.

Medical Officer of Health and Principal School Medical Officer:

MALCOLM S. HARVEY, M.B., Ch.B., D.P.H.

Deputy Medical Officer of Health and School Medical Officer:

JAMES LESLIE GORDON, O.B.E., M.R.C.S., L.R.C.P., D.P.H.

Lay Assistant: D. PLEDGE

with 5 Clerical Staff.

1 Part-time Supplies Clerk.

1 General Assistant & Driver.

## Dental Service

Principal Dental Officer:

B. J. WEST, L.D.S., R.C.S.

Dental Officer (Part-Time)

MRS. P.N. BENTLEY, B.D.S.

Anaesthetist (part-time)

DR. J. CHEESE

with 1 full-time and 1 part-time Dental Surgery Assistants

1 part-time clerk.

## Child Health and Nursing Services

Medical Officers (part-time)

DR. F. B. CHEESE

DR. JEAN NICOLSON

DR. KATHLEEN CHRISPIN

Nursing Staff:

Senior Nursing Officer: MISS A. GREY, S.R.N., H.V.Cert.

Non-Medical Supervisor of Midwives: MISS M.J. BUTCHER, S.R.N., S.C.M., H.V.Cert. (per Kent County Council).

Health Visitors:

MRS. P.E. MATHEWS, S.R.N., S.C.M., H.V.Cert.

MISS J.C. BARBER, S.R.N., H.V.Cert.

MRS. P. RUSSELL, S.R.N., H.V.Cert.

MRS. B.M. RUTKINS, S.R.N., S.C.M., H.V.Cert. (Resigned 31.10.69)

MISS K.J. ALLSON, S.R.N., S.C.M., H.V.Cert., Q.N.S.

MISS E.M. WILLIAMS, S.R.N., H.V.Cert.

MRS. B.M. FISHER, S.R.N., H.V.Cert. (Part-time)

Midwives:

MISS N.E. THOMAS, S.R.N., S.C.M., S.R.F.N., Q.N.S. Tel. No. 63962.

MRS. F.M. LIVERSEDGE, S.R.N., S.C.M. Tel. No. 65356.

MISS C.H.L. DESAINT, S.R.N., S.C.M. Tel. No. 65828.

MRS. J. HOWARD, S.R.N., S.C.M.(RELIEF). Tel. No. 66056.

District Nurses:

MRS. R.B. LEUTNER, S.R.N., S.C.M., Q.N.S. Tel. No. Stelling Minnis 316.

MISS M.K. GILLET, S.R.N., S.C.M., Q.N.S. Tel. No. Canterbury 65763.

MRS. M.E. PERKS, S.R.N., Q.N.S. Tel. No. Whitstable 4719.

MISS E.P. GOUDIE, S.R.N., S.C.M.Cert., D.N. Tel. No. Canterbury 66562.

MISS M. WIMBUSH, S.R.N., Q.N.S. Tel. No. Chaucer 2360.

MRS. R. BACK, S.R.N. Tel. Canterbury 51213.

MRS. L. CULLEN, S.R.N., Q.N.S. Tel. No. Canterbury 65922.

and 1 Clerk (Nursing Services)

1 Clerk Welfare Foods.

## Social Services

### **Mental Health:**

**Mental Welfare Officers:** MR. A.W. HEAD  
MR. G.L. KING

**Canterbury Training Centre: Supervisor:** MRS. E. MONTI  
and six staff.

**Home Help Service: Organiser:** MRS. J. AMOS  
with 6 full-time and 25 part-time Home Helps.

## Ambulance Service

**Station Officer:** MR. E. BOWD with  
1 Control Room Officer, and  
30 Driver/Attendants

## School Health Service

**Medical Staff, as above.**

**Health Visitors and School Clinic Nurse:** MRS. A.F. HARRIS, S.R.N., S.C.M.  
1 S.E.N.  
1 School Health Clerk  
1 part-time Clerk

## Child Guidance Service

**Consultant Psychiatrist and Medical Director:**  
K.M. FRASER, M.B., Ch.B., D.C.H., D.P.M.

**Psychiatric and Other Social Workers:** MISS M.E. CRIPPS, A.A.P.S.W.  
MRS. J.D. SCRINE, M.S.W., P.S.W.

**Occupational Therapists:** MISS H.M. HAMBLIN, M.A.O.T.  
MRS. P.T. MATHIESON

(and School Psychological Service) **Educational Psychologist:**  
BRIAN ROBERTS, B.A., DIP.PSYCH., M.B.P.S.

**Remedial Teacher:** P. DYDE  
with 1 full-time Clinic Secretary and  
1 part-time Clerk

## Public Health Inspectorate

**Chief Public Health Inspector:** (Tel. No. 64411).  
T.L. MARTIN, F.A.P.H.I.

**Senior Meat Inspector:**  
A.R. CLARK, M.A.P.H.I., Meat Inspector's Certificate

**Senior Public Health Inspector:**  
F.W. BROMLEY, M.A.P.H.I., Meat Inspector's Certificate

**Public Health Inspector and Meat Inspectors:**  
R.H. CUFF, Cert.P.H.I.E.B., Dip. Inspector of Meat and Other Foods  
T.S. BRUNTON, Meat Inspector's Certificate (Scotland)  
W.F. WILKINSON, M.A.P.H.I., Dip. Inspector of Meat and Other Foods

**Section Clerk:**  
T.C. RANDALL

**Rodent Officer and General Assistant:**  
H.E. HADLEY









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Elvy & Gibbs Partnership  
11, Best Lane  
Canterbury

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